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South Asian women's views and experiences of
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ABSTRACT

Introduction: Being pregnant and becoming a parent is a crucial time when lifestyle behaviours may change and weight gain and retention may occur. This point in the life cycle presents a critical opportunity to advise and support South Asian women, who have a high risk of type 2 diabetes mellitus at lower BMIs, in order to reduce health inequalities, prevent ill health and improve health outcomes in this group. However, interventions necessitate an understanding of the factors affecting weight during this time, yet, to date, there is a lack of evidence in this field.

Aims: The retrospective exploration of South Asian women's views and experiences of weight, diet and physical activity changes before, during and after pregnancy and the possible implications of these changes for healthcare services and interventions.

Design: Ten South Asian women with a child between 7-24 months of age, living in Bolton, Greater Manchester, participated in a semi-structured, one-to-one interview. The interviews developed a detailed insight into weight, diet and physical activity changes before, during and after pregnancy and the factors impacting on these. Transcripts were analysed using phenomenological approaches. Respondent validation was used to confirm the findings.

Setting: Interviews primarily took place in participants' homes, although health, community and children's centres were also utilised.

Results: The findings helped to develop an understanding of the factors influencing weight, diet and physical activity changes before, during and after pregnancy in a group of South

Asian women. The findings suggested that views and experiences, and hence motivators and barriers, of change are not static across pregnancy and the post-partum period. Prior to conception, women felt in control of their weight and therefore following a healthy lifestyle was of little importance. During pregnancy, healthy behaviours were difficult to make and sustain and weight gain was perceived to be uncontrollable. The post-partum period was an important time to make positive behaviour changes but women also faced significant barriers to change during this time, particularly when breastfeeding, and South Asian women appeared to face additional cultural barriers. A lack of advice and support from healthcare professionals during and after pregnancy was also reported and consequently important opportunities to encourage positive behaviour change and overcome barriers to change in this group were missed.

Conclusion: Maternity services which aim to advise and support South Asian women in the areas of weight, diet and physical activity before, during and after pregnancy must consider the factors influencing them during this time.

DECLARATION OF ORIGINAL WORK

I hereby declare that work contained herewith is original and is entirely my own work (unless indicated otherwise). It has not been previously submitted in support of a degree, qualification or other course

Signed.....

Date.....

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LIST OF ABBREVIATIONS

BNF	British Nutrition Foundation
BMI	Body mass index (height/weight ² or kg/m ²)
CEMACH	Confidentiality Enquiry into Maternal and Child Health
CHD	Coronary heart disease
CVD	Cardiovascular disease
DoH	Department of Health
EM	Ethnic minority/ minorities
FFS	Family food survey
FSA	Food Standards Agency
GDM	Gestational diabetes mellitus
GWG	Gestational weight gain
HCP	Healthcare professional(s)
HSE	Health Survey for England
IoM	Institute of Medicine
NDNS	National diet and nutrition survey
NHS	National Health Service
NICE	National Institute for Clinical Excellence
NOO	National Obesity Observatory
NRES	National Research Ethics Service
NS	National Statistics
PPWR	Post-partum weight retention
RCP	Royal College of Physicians
SA	South Asian(s)
SMART	Specific, measurable, achievable, realistic and timed

T2DM	Type 2 diabetes mellitus
TTM	Trans-theoretical model
UK	United Kingdom
US	United States
WC	Waist circumference
WHO	World Health Organisation

CHAPTER ONE: INTRODUCTION

1.1 Rationale

Obesity rates in England have been increasing for many years, so much so that recent estimations rank England as one of the most obese nations in Europe (Department of Health, 2011a). Projections have estimated that the numbers of people classified as overweight and obese will continue to rise (DoH, 2011a). As obesity is causally associated with a range of health conditions, such as type 2 diabetes mellitus (T2DM) and cardiovascular disease (CVD), which are projected to rise alongside obesity rates, this clearly has significant implications for individuals, families, the NHS and wider economy.

Evidence suggests that weight gain (and health inequalities) increase at their fastest rate between an individual's mid-twenties to mid-thirties, which is the principle time for women to become pregnant (Mulvihill & Quigley, 2003; Nazroo, 2003). Therefore, as the number of overweight and obese people increases, the number of overweight and obese pregnant women and women of childbearing age also rises. Carrying excess weight during pregnancy increases the risk of additional health problems for both the mother and child (Butland, Jebb, Kopelman, McPherson, Thomas, Mardell, et al., 2007). In addition, pregnancy and the post-partum period are recognised as an important time when substantial weight gain and retention may occur (National Institute for Clinical Excellence, 2006a). The reasons for this are not entirely clear although changes in diet and physical activity have been proposed (Flynn, Goldberg, Prentice & Cole, 1999). Pregnancy/ becoming a parent has also been reported as a key time when women are open to thinking about or making positive behaviour changes and is therefore an important time to provide weight, diet and physical activity advice and interventions, although the evidence base for such interventions is lacking and provision of advice is inconsistent and variable (Food Standards Agency, 2005; NICE, 2008; Smith &

Lavender, 2011). Furthermore, it is unclear what specific barriers and motivators to change may be experienced during this time and if/how they vary before, during and after pregnancy (Cuco, Fernandez-Ballart, Sala, Viladrich, Iranzo, Vila, et al., 2006).

Evidence suggests that the South Asian (SA) population are the fastest growing ethnic minority (EM) group in the UK, they are at increased risk of obesity-related co-morbidities, tend to have larger families, may face additional barriers to change and are less likely to access health care services than the general population (Karlsen & Nazroo, 2010; Szczepura, 2011). Therefore, accessing SA women during and after pregnancy provides an ideal time to influence behaviour change and hence improve health outcomes in this group. However, in order to develop effective healthcare processes to support this group, research is required to inform these. To date, health research involving this group is limited, with the majority of studies using cross-sectional samples to investigate how individuals manage long-term health conditions. Studies often have a clinical focus and consequently the evidence regarding prevention is either lacking or of poor quality. Yet in the current financial climate this may be an important cost-effective strategy, particularly as obesity and its associated co-morbidities are largely preventable (Swanton, 2008).

There is a clear gap in the literature with regards to SA women's views and experiences of weight, diet and physical activity changes before, during and after pregnancy. In addition, there is a limited understanding of the motivators and barriers to these changes and the impact they may have on healthcare provision and interventions. In order to develop our understanding of the impact of pregnancy/ becoming a parent on weight, diet and physical activity changes in ethnic groups, develop culturally specific interventions and services and encourage the adoption of healthy behaviours in these groups, it is essential that we fill this gap in the evidence.

From the gaps in the evidence-base that have been identified in the literature, research questions have been raised. These are categorised into three sections below:

1. Weight, diet and physical activity
2. Behaviour change
3. Healthcare interventions.

Box 1.1: Research questions identified from the evidence-base

Weight, diet and physical activity

- How are weight, diet and physical activity affected by pregnancy/ becoming a parent
- What views and beliefs do SA women have about their weight, diet and physical activity before, during and after pregnancy?

Behaviour change

- Do pregnant/ post-partum SA women value behaviour change?
- What motivates change in this group?
- What prevents change in this group?
- Do the influences of change vary before, during and after pregnancy?
- In what ways does culture and religion affect change during and after pregnancy?

Healthcare interventions

- How can healthcare professionals advise and support SA women to make diet and physical activity changes before, during and after pregnancy?
- Does advice and support need to be adapted for pregnancy and the post-partum period?
- How can health inequalities for SA women be overcome?

The research questions identified from the literature formed the basis of the research aims and objectives for this study. It is hoped is that the findings will begin to reduce the gap in the evidence base and hence provide some answers to the question outlined in Box 1.1.

1.2 Research aims

- To understand the views and experiences of SA women in relation to changes in weight, diet and physical activity before, during and after pregnancy
- Elucidate the relevant barriers and motivators influencing weight, diet and physical activity changes before, during and after pregnancy
- To make recommendations for interventions and healthcare services to improve dietary intake, uptake of physical activity and weight control in this group

1.3 Primary objectives

- To explore SA women's views and experiences of weight, diet and physical activity changes before, during and after pregnancy, using a qualitative methodology
- To compare views and experiences before, during and after pregnancy to understand the similarities and differences
- To explore the main barriers and motivators to changes in weight, diet and physical activity before, during and after pregnancy, using a qualitative methodology.
- To compare barriers and motivators to change before, during and after pregnancy to understand the similarities and difference

1.4 Secondary objectives

- Consider the implications of the findings for interventions and healthcare services.

CHAPTER TWO: LITERATURE REVIEW

2.1 Obesity

2.1.1 Current picture of obesity

Obesity is widely considered to be a ‘global epidemic’ due to the rapidly increasing prevalence rates that have been observed across the world since 1980’s and as yet have shown no sign of coming to a halt (DoH, 2003, p. 39). The Chief Medical Officer’s Annual Report 2002 called obesity ‘the health time bomb’ (DoH, 2003, p. 37). Consequently, obesity is considered to be a significant public health problem as it represents one of the biggest threats to health and wellbeing in the UK.

Overweight and obesity in England currently affects 6 in 10 adults and projections have estimated that by 2050, almost nine in ten adults will be overweight or obese if current rates continue (Butland, et al., 2007). Obesity rates alone were recorded as 23% of the adult population, ranking England as one of the most obese nations in Europe (DoH, 2011a). As a result of the increasing prevalence rates, the cost associated with obesity has also been soaring. The Foresight report stated that the direct annual cost of obesity was approximately £4.2 billion and the indirect cost as much as £16 billion (Butland, et al., 2007). In addition, it was forecast that this figure could reach nearly £50 billion by 2050 if current rates continue (Butland, et al., 2007). Obesity clearly has significant implications for individuals, families, the NHS and the wider economy.

2.1.2 Measuring obesity

The most commonly used measure of obesity is the body mass index (BMI) (Box 2.1). However, BMI has been criticised for failing to take account of central adiposity/ body fat, which is considered to be a more accurate predictor of health risk, and therefore can be misleading. Consequently, NICE recommend using BMI alongside waist circumference (WC)

to assess health risk in those with a BMI of less than 35 kg/m² (NICE, 2006a). This is particularly important for SA who may have a high WC without necessarily having a high BMI (Leung & Stanner, 2011). Different BMI and WC cut-off points have been suggested for ethnic groups due to increased health risks at any given point compared to the general population. However, as there is a lack of ‘universal agreement’, NICE continues to recommend the same classifications for all ethnic groups (Box 2.1) (NICE, 2006a, p. 206; NICE, 2013). Although it is recommended that SA with a BMI greater than 23kg/m² should be supported to make lifestyle changes to prevent the development of T2DM (NICE, 2011; NICE, 2013).

2.1.3 Health impacts of obesity

Obesity is strongly associated with a variety of health conditions. Such health conditions are well documented and include the metabolic syndrome, T2DM, dyslipidaemia, sleep apnoea, hypertension, osteoarthritis, CVD and some cancers (including postmenopausal breast and bowel cancers), among others (Swanton & Frost, 2007; NICE, 2006a). These conditions can have a significant impact on an individual’s wellbeing, healthy life expectancy and reliance on medication. According to the ‘Healthy Weight, Healthy Lives Toolkit’, obesity reduces life expectancy by an average of eleven years and may account for 9,000 premature deaths annually (Swanton, 2008). Therefore, managing obesity is essential if Public Health Outcomes for 2013-16 and NHS Outcomes 2013/14 are to be met (DoH, 2012a; DoH, 2012b).

Box 2.1: Classification of obesity**Classifications of obesity (NICE, 2006a, p. 221)**

Classification	BMI (kg/m²)	Risk of co-morbidities
Underweight	< 18.5	Low ^a
Healthy weight	18.5– 24.9	Average
Overweight (or pre-obese)	25–29.9	Increased
Obesity, class I	30–34.9	Moderate
Obesity, class II	35–39.9	Severe
Obesity, class III	≥ 40-	Very severe

Classification using waist-to-hip ratio and WC (NICE, 2006a, p. 221)

At increased risk	Men	Women
Waist-to-hip ratio	> 1.0	> 0.85
Waist circumference (increased risk)	≥ 94 cm	≥ 80 cm
Waist circumference (greatly increased risk)	≥ 102 cm	≥ 88 cm

Combining body mass index (BMI) and waist measurement to classify the risks of type 2 diabetes and cardiovascular disease (NICE, 2006a, p. 222)

		Waist circumference (cm)	
Classification	BMI (kg/m²)	Men	Women
		94–102	> 102
		80–88	> 88
Underweight	< 18.5	–	–
Healthy weight	18.5–24.9	–	Increased
Overweight	25–29.9	Increased	High
Obesity	> 30	High	Very high

Summary of the World Health Organisations' suggested BMI categories for Asian populations (WHO expert consultation, 2004)

Classification	BMI (kg/m²)	Risk of co-morbidities
Underweight	< 18.5	Low
Healthy weight	18.5– 23.0	Acceptable
Overweight (or pre-obese)	23.0–27.5	Increased
Obesity, class I	27.5	High

Obesity and its associated conditions are generally higher among Asian Pakistanis, older people, women and the most deprived (Mulvihill & Quigley, 2003; Sproston & Mindell, 2006; Marmot, Allen, Goldblatt, Boyce, McNeish, Grady, et al., 2010). With the exception of Pakistani women, SA have a lower risk ratio for obesity than the general population, however this is when using the same BMI cut-offs (Sproston & Mindell, 2006). When examining WC, the risk ratio is higher in all SA groups (Sproston & Mindell, 2006).

2.1.3.1 Type 2 diabetes mellitus

T2DM is the most common co-morbidity associated with obesity as approximately 90% of those diagnosed are classified as overweight or obese (Diabetes UK, 2012a). Evidence suggests T2DM is almost thirteen times more likely in an obese woman compared with a healthy weight woman (DoH, 2011a). Therefore, diabetes rates increase almost proportionately with obesity. Hence, the prevalence of diabetes is expected to rise from 2.9 million in 2012 to 5 million by 2025 (Diabetes UK, 2012a). The 'State of the Nation' report on diabetes also suggested that there are a significant number of people with undiagnosed T2DM (Diabetes UK, 2012b). In addition, some ethnic groups can be up to six times more likely to develop T2DM than the general population and it appears to present a decade earlier (Sproston & Mindell, 2006). Furthermore, Mellin-Olsen and Wandel (2005) reported that gestational diabetes mellitus (GDM) was more prevalent in SA migrant women compared to their non-migrant counterparts and the general population of the host country.

2.1.4 Maternal obesity

As a result of the increasing numbers of people who are overweight and obese, the number of overweight and obese pregnant women and women of childbearing age is also increasing (Heselhurst, Rankin, Wilkinson & Summerbell, 2009). In addition to standard health risks

associated with obesity, maternal obesity also increases the risk of health conditions which not only affect the health of the mother but also the child. These include: GDM, preeclampsia, induction of labour, caesarean sections and greater risk of miscarriage, still births and neonatal death (Lewis, 2007; NICE, 2006b). In addition, research suggests that a baby's experiences in the womb can affect their future health by predisposing them to obesity and its associated conditions later in life (Butland, et al., 2007). A report conducted by the Confidentiality Enquiry into Maternal and Child Health (CEMACH) claimed that 'the magnitude of this risk means that obesity represents one of the greatest and growing overall threats to the childbearing population of the UK' (Lewis, 2007, p. 56). Consequently, NICE guidance for 'Weight management before during and after pregnancy' (2010) and 'Maternal nutrition' (2008) stress the importance of working with women before, during and after pregnancy to improve health outcomes.

2.1.4.1 Gestational weight gain (GWG)

In addition to pre-conception weight, there is clear evidence that GWG is associated with poorer health outcomes for the mother and child and has a significant positive relationship with postpartum weight retention (PPWR), which could ultimately affect future pregnancy outcomes (Devine, Bove & Olsen, 2000; Gunderson & Abrams, 2000; Yu, Teoh & Robinson, 2006; Oken, Taveras, Popoola, Rich-Edwards, & Gillman, 2007). Clearly GWG and fat gain can vary significantly but the reasons for this are not entirely clear (Riley, 2011). Although, evidence suggests that GWG is directly associated with BMI (NICE, 2006a). The current recommendation for GWG for healthy weight women in the US is between 11.5-16kg, as this is thought to be associated with the best outcome for the mother and child (Institute of Medicine, 2009; NICE, 2010). This reduces to 7-11.5kg for overweight women and 5-9kg for obese women (IoM, 2009; NICE, 2010) (Box 2.2). At present there remains no official

guidance in the UK regarding adequate GWG for the general population or overweight and obese women. Furthermore, no evidence has been found to suggest if recommendations would vary for women from specific EM groups. However, studies have shown that EM groups may be at increased risk of GWG, although these studies were conducted with Black and Hispanic populations in the US (Headen, Davis, Mujahid & Abrams, 2012). It is unclear if this increased risk is due to genetic differences, culture or socio-economic factors.

Box 2.2: Institute of Medicine recommendations for GWG

New Recommendations for Total and Rate of Weight Gain during Pregnancy, by Pre-pregnancy BMI			
Prepregnancy BMI	BMI+ (kg/m²) (WHO)	Total Weight Gain Range (lbs)	Rates of Weight Gain* 2nd and 3rd Trimester (Mean Range in lbs/wk)
Underweight	<18.5	28–40	1 (1–1.3)
Normal weight	18.5-24.9	25–35	1 (0.8–1)
Overweight	25.0-29.9	15–25	0.6 (0.5–0.7)
Obese (includes all classes)	≥30.0	11–20	0.5 (0.4–0.6)
From IoM (2009, p. 2)			

Evidence also suggests that approximately one quarter of the weight gained during gestation is deposited around the abdomen (centrally), which is associated with greater health risks (Flynn, et al., 1999). This suggests that the weight gained during pregnancy may be more harmful than weight gained during other periods of life. However, there is no evidence of or recommendations for measuring WC during and after pregnancy.

2.1.4.2 Post-partum weight retention

Research regarding average weight change during the post-partum period varies considerably, with some studies suggesting only 0.5kg are retained from pre-conception to 12 months post-partum, while others suggest the figure can be as much as 20kg (Flynn, et al., 1999; Gunderson & Abrams, 2000; Oken, et al., 2007). It has also been reported that the proportion of women retaining 5 kg or more 6 to 12 months post-partum can range from 14% to 25% (Oken, et al., 2007). Furthermore, Williamson, et al., (1994) found that becoming a parent increased the risk of becoming overweight by 60-110% (cited in NICE 2006a). Overall, studies suggest that, for some women, pregnancy/ becoming a parent is a significant cause of weight gain and retention (NICE, 2006a). In addition, there is a perception that pregnancy inevitably leads to weight gain and retention as many women blame this period of their lives for their weight status (Linne, Dye, Barkeling & Rossner, 2004; Ludwig, Cox & Ellahi, 2011). This is highlighted by Linne, et al. (2004) who found that weight retention 12 months post-partum was able to predict future weight retention 15 years later. Studies have reported that GWG has the strongest influence on PPWR within the 12 months following childbirth. Although Gunderson and Abrams (2000) concluded that diet and exercise behaviours may be more important in the longer-term.

2.1.4.3 Lifestyle behaviours before, during and after pregnancy

Interventions to improve women's weight, diet and physical activity before, during and after pregnancy necessitate an understanding of the specific attitudes, beliefs and behaviours experienced during this time and the main influences on these (Flynn, et al., 1999; Cuco, et al., 2006; NICE, 2010). It is also important to consider that these may vary from pre-conception to post-partum. Longitudinal studies have shown that some lifestyle behaviours and attitudes towards these are maintained from pre-conception, throughout pregnancy and

during the post-partum period (Devine, et al., 2000; Cuco, et al., 2006; FSA, 2007; Verbeke & De Bourdeaudhuij, 2007; Guelinckx, Devlieger, Becker, & Vansant, 2008; Gardner, Croker, Barr, Briley, Poston & Wardle, 2012) (Appendix A). However there are some conflicting findings within the evidence, possibly due to variations in the design and study group. Generally, studies have found that if behaviour changes were made during pregnancy, they were only temporary and hence pre-conception behaviours were restored after pregnancy (FSA, 2007).

2.1.5 Determinants of obesity

Clearly managing weight in current society is vital however, obesity is an extremely complex condition influenced by a range of factors at an individual and societal level. Consequently, there is no single or easy solution to its prevention or management. The Foresight report highlighted the complexity of the ‘obesogenic environment’ and a Lancet Editorial described obesity as ‘a normal response by normal people to an abnormal environment’ (Butland, et al., 2007, p. 3; The Lancet, 2011, p. 1). Therefore interventions to prevent and manage obesity must be wide-ranging and far-reaching from environmental and policy changes to individual and family behaviour changes. At present the evidence of effectiveness for such interventions is lacking, particularly for SA women of childbearing age, despite a decade of National reports focusing on weight management (Table 2.1).

Despite the complexity of obesity, it is clear that the rise in prevalence over recent decades is primarily due to changes in diet and physical activity behaviours, which are the main modifiable factors affecting energy balance. Therefore, as obesity and its associated conditions are largely preventable, tackling obesity is a primary prevention target (DoH, 2008).

Table 2.1: Summary of the national reports/ guidance focusing on weight management (post 2003)

Date	Report
2004	Choosing health choosing a better diet
2006	NICE Guidance: Obesity
2007	Lightening the Load: tackling overweight and obesity
2007	Foresight report: Tackling Obesities: Future choices
2007	NICE Guidance: Behaviour change
2008	Health Weight, Healthy Lives strategy *
2008	Darzi Review *
2008	NICE Guidance: Maternal and child nutrition *
2010	NICE Guidance: Weight management before, during or after pregnancy *
2011	Health Lives, Healthy People: A Call to Action on Obesity in England *
2011	NICE Guidance: Preventing type 2 diabetes
Expected 2014	NICE Guidance: Overweight and obese adults: lifestyle weight management

*Guidance particularly relevant to study group

Clearly to prevent or manage obesity, changing individual behaviours is vital. The trans-theoretical model (TTM) helps to assess an individual's stage of change in order to understand their readiness to change. Once this has been established, motivational interviewing is used to develop tailored strategies which promote, encourage and support change (British Nutrition Foundation, 2004; National Obesity Observatory, 2011). The TTM incorporates two major constructs: self-efficacy (confidence or belief in ability to make a change) and the pros and cons of change (i.e. importance or value of making a change) (Fahrendwald & Walker, 2003). The theory suggests that if there is a deficiency in either of these factors, the individual will be resistant to change.

NICE guidance (2006a) outlines the specific behaviour changes required in the management of obesity (Box 2.3). Unfortunately, diet and exercise behaviours are extremely resistant to change because they are complex, influenced by a range of inter-relating factors, are not static and can be deeply engrained (NICE, 2007; Swanton, 2008). Consequently following a healthy lifestyle is often perceived to be unrealistic and difficult (Chowdhury, Helman, & Greenhalgh, 2000; Butland et al., 2007). Therefore, in order to initiate change, evidence

suggests that enhancing self-efficacy and increasing importance is required (Fahrenwald & Walker, 2003; NOO, 2011). According to NICE guidance (2010), this can be achieved by helping individuals to understand the health consequences associated with unhealthy behaviours, stress the advantages of change, understand the factors influencing their behaviour, encourage SMART (specific, measurable, achievable, realistic and timely) goals to be set, identify self-monitoring and coping strategies and provide ongoing support (BNF, 2004; Swanton & Frost, 2007; Hongu, Kataura & Block, 2011; NOO, 2011). Ewles and Simnet (2003) also suggest that social norms, values, attitudes and beliefs are key factors that influence behaviour change (and therefore should underpin interventions), in addition to having the necessary knowledge and skills to make the change (Wanless, 2004). However, individuals must still want to change their behaviour, which is becoming increasingly difficult (BHF, 2004; NICE, 2007).

Box 2.3: Behaviour changes required to achieve and maintain a healthy weight

Diet

- Base meals on starchy foods such as potatoes, bread, rice and pasta, choosing wholegrain where possible.
- Eat plenty of fibre-rich foods – such as oats, beans, peas, lentils, grains, seeds, fruit and vegetables, as well as wholegrain bread and brown rice and pasta.
- Eat at least five portions of a variety of fruit and vegetables each day, in place of foods higher in fat and calories.
- Eat a low-fat diet and avoid increasing your fat and/or calorie intake.
- Eat as little as possible of:
 - fried foods
 - drinks and confectionery high in added sugars
 - other food and drinks high in fat and sugar, such as some take-away and fast foods.
- Eat breakfast.
- Watch the portion size of meals and snacks, and how often you are eating.
- For adults, minimise the calories you take in from alcohol.

Activity

- Make enjoyable activities – such as walking, cycling, swimming, aerobics and gardening – part of everyday life.
- Minimise sedentary activities, such as sitting for long periods watching television, at a computer or playing video games.
- Build activity into the working day – for example, take the stairs instead of the lift, take a walk at lunchtime.

(NICE, 2006 p. 64)

Due to the difficulties of making behaviour changes, the FSA report (2005) highlights the importance of accessing people when they are most willing to change. Evidence suggests there are specific points in the life-cycle where individuals are more receptive to health promotion messages and therefore provides an opportunity to influence behaviour change (Swanton, 2008). Pregnancy/ becoming a parent has been identified as an important time to influence behaviour change and hence improve obesity rates in current and future generations (Smith & Lavender, 2011). However, the FSA report (2005) suggests targeting new parents rather than pregnant women to maximise receptivity, although the reasons for this are not clear.

Numerous reports have also recommended prioritising high-risk groups, such as certain EM groups, who are less able to make diet and lifestyle changes compared with the general population, as they may face additional barrier to change such as culture, religion and language (FSA, 2005; Szczepura, 2011). This is reflected in the Government's 'Health Weight, Healthy Lives' strategy which outlined specific targeted prevention campaigns for: pregnant women, parents of infants under 24 months of age, high-risk families and EM groups (Swanton, 2008). In addition, the Marmot review outlined various priorities for reducing health inequalities: providing the best start for children by prioritising interventions before, during and after pregnancy and strengthening the impact of ill health prevention (Marmot, et al. 2010).

2.2 Inequalities

The Black report was among the first to highlight the importance of health inequalities and their complex association with ethnic and social inequalities (Nazroo, 2003). Since then numerous Government policies have stressed the importance of engaging EM and improving their access to healthcare services and the outcomes of that care (Szczepura, 2011) (Table:

2.2). Despite this, evidence suggests that some health inequalities may actually be widening (Leung & Stanner, 2011). In addition, EM are often under-represented in research and intervention programmes. Consequently, there is a lack of robust health data, a lack of awareness regarding the health risks and limited evidence of effectiveness regarding solutions to overcome barriers to change specifically for EM, particularly SA (Thomas, 2002; Leung & Stanner, 2011; Szczepura, 2011). It is important to resolve this if health inequalities are to be reduced.

Table 2.2: Summary of the national reports focusing on health inequalities

Date	Report	Key points
1980	Black Report	First to highlight the importance of health inequalities (Nazroo, 2003)
1998	Acheson Report: Independent enquiry into inequalities in health	Highlighted the importance of reducing health inequalities and tackling wider determinants of health (Exworthy, Stuart, Blane & Marmot, 2003)
2004	Wanless Report: securing good health for all	Examined future health trends and the financial and resource needs of the NHS until 2022 (Wanless, 2004)
2008	Darzi Review	Outlined a ten year vision for an NHS that is fair, personal, effective and safe (DoH, 2008)
2009	Guide for World Class Commissioners	Concluded the commissioning and provision of services required to reduce inequalities was insufficient (Shircore, 2009)
2010	Marmot Review	Highlighted the importance of reducing health inequalities and tackling social determinants of health (Marmot, et al., 2010)
2010	Equity and Excellence: liberating the NHS	Stressed the importance of ‘fairness’ in the NHS (DoH, 2010)

2.3 South Asian population

The term ‘South Asian’ refers to individuals born in or originating from the Indian sub-continent such as India, Pakistani and Bangladesh, but also includes East-African Asians. However, SA are not a homogenous group- there are significant cultural, religious, social (and hence dietary and health) differences between the sub-groups (Bush, Williams, Sharma & Cruickshank, 1997; Church, Gilbert & Khokhar, 2006). For example, individuals from Pakistan and Bangladesh report poorer health than those from India (Nazroo, 2003).

2.3.1 Health risks associated with culture

The SA population represent the largest and fastest growing EM group in the UK (Karlsen & Nazroo, 2010). They are more likely to report poorer health and have a increased risk of specific health conditions, including T2DM, central obesity & coronary heart disease (CHD), compared to the general population (Karlsen & Nazroo, 2010). Furthermore, this group have poorer access to healthcare services and disease management (Szczepura, 2011). This has important implications for healthcare provision in areas with a large SA population (Farooqi, Nagra, Edgar & Khunti, 2000).

2.3.2 Migration and acculturation

Migration is often associated with the adoption of the lifestyle behaviours, values and social norms of the host country, known as acculturation (Leung & Stanner, 2011). For those migrating to the UK, this often results in replacement of healthy behaviours with unhealthy ones, such as a decrease in physical activity, fruit and vegetable consumption and breastfeeding duration and an increase in fat and energy intake and heavy use of frying- all of which can cause weight gain (Mellin-Olsen & Wandel, 2005; Llacer, Zunzunegui, del Amo, Mazarrasa & Bolumar, 2007; Hawkins, Lamb, Cole & Law, 2008; Lawton, Ahmed, Hanna, Douglas, Bains & Hallowell, 2008). This was confirmed in a study by Heald, Cade, Cruikshank, Anderson, White and Gibson (2003), who compared UK Gujaratis with those living the same region of Indian (cited in Higgins, 2008). In addition, the length of time in the UK is directly associated with adoption of Western behaviours (Landman & Cruickshank, 2001). However, some studies have suggested that certain traditional beliefs may be extremely resistant to change, particularly those associated with pregnancy and diabetes management (Thomas, 2002).

2.3.3 South Asian diets

The diet of SA can differ significantly within and between groups (Kassam-Khamis, Judd & Thomas, 2000). However, generally speaking, a traditional South Asian diet contains large quantities of chappatis or rice, fruit and vegetables and pulses and smaller amounts of meat, fish and dairy foods. Consequently, this diet is similar to UK dietary recommendations as it is high in fibre and low in fat and hence should not be assumed to be unhealthy (Leung & Stanner, 2011). This suggests that the diets of migrants may be healthier than the general population (Landman & Cruickshank, 2001). However, studies have found that the diet of UK SA contains more fat and saturated fat than the general population, which is a concern for the high obesity and CHD rates in this group (Wyke & Landman, 1997; Church, et al., 2006). Although evidence also suggests that the fat content of South Asian meals can vary significantly (Kassam-Khamis, et al., 2000; Landman & Cruickshank, 2001; Church, et al., 2006). In addition, some studies report that SA women acknowledge the importance of consuming low-fat and high-fibre foods and are eager to adapt traditional recipes to reflect this (Bush, et al., 1997; Leung & Stanner, 2011). However, a study conducted by Chowdhury, et al., (2000) found that healthier cooking methods were not acceptable to the family due to alterations in taste and changes in the nature of the food. There is also conflicting findings between some national surveys. In 2004 the National Diet and Nutrition Survey (NDNS) and Health Survey for England (HSE) reported that EM groups were more likely to consume the recommended five portions of fruit and vegetables per day compared to the general population, whereas the 2005-6 Family Food Survey (FFS) found that fruit and vegetable consumption was lower in SA groups compared to the general population (Hoare, Henderson, Bates, Prentice, Birch, Swan, et al., 2004; Sproston & Mindell, 2006; National Statistics, 2007). However, as such reports are cross-sectional and EM groups are largely under-represented, they are susceptible to bias.

2.3.4 Role of food

Food has an important function that goes beyond nourishment, it has a symbolic, cultural and religious importance that reflects an individuals' identity and an emotional importance in cooking and sharing and therefore is an important determinant of food choice (Chowdhury, et al., 2000; Lawton, et al., 2008).

2.3.4.1 Religion

It is important to consider how religion may impact the diet of SA as different religions will affect what, when and how foods are eaten (Bush, et al., 1997; Church, et al., 2006; Leung & Stanner, 2011). However, there are also differences within religions, primarily due subgroups within a particular faith, and due to regional differences.

2.3.4.1.1 Islam

Muslims follow the Islamic faith and practice the teachings of the Koran (Holy book). There are various 'food rules' outlined in the Koran. Food is considered to be a blessing which should be valued, shared and enjoyed. Generally, food is described as Halal (permitted) or Haram (forbidden). Pork and pork products, blood and alcohol are strictly haram (Bush, et al., 1997; Kocturk, 2002). Certain foods are specifically mentioned in the Koran and therefore have significant importance, they include: honey, dates, milk, semolina, game and wine (Kocturk, 2002).

2.3.4.1.2 Hinduism

The Hindu diet is often strictly vegetarian, although this may reduce with time spent in UK (Bush, et al., 1997; Kocturk, 2002). However, beef and beef products are widely considered

to be forbidden as the cow is regarded as sacred and pork is generally avoided (Bush, et al., 1997). Food such as ghee, milk and milk products are highly valued (Bush, et al., 1997).

2.3.4.1.3 Sikhism

Sikhs adhere to food rules outlined in the Sikh Rehat Maryada (Leung & Stanner, 2011).

Certain food and drinks should be avoided, primarily those which are considered harmful to the body, such as alcohol (Leung & Stanner, 2011). Fasting is not recommended.

2.3.4.2 Heating and cooling

Many SA groups believe that foods have ‘heating’ or ‘cooling’ effects on the body and that food choice is important to keep the body balanced (Thomas, 2002). These beliefs are particularly important during pregnancy and in diabetes management (Thomas, 2002).

Pregnancy is considered to be a ‘hot’ state therefore ‘cooling’ foods, primarily dairy products, are recommended to keep the body balanced, whereas ‘hot’ foods such as meat, fish, eggs, sultanas and strong curries are avoided (Bush, et al., 1997). Conversely, heating foods are advised during the post-partum period for recovery and strength (Bradby, in Caplan, 1997).

Ghee is thought to be ‘strength-giving’ and involved in nutrient absorption (Bush, et al., 1997). Therefore, women are often given foods containing ghee after child-birth. It is important to be aware of the health beliefs of specific foods and how they impact on food choice to understand their implication for health promotion (Greenhalgh, Chowdhury & Wood, 2005). However, many studies on the dietary intake of EM groups are cross-sectional and therefore are unable to reflect changes across the life-course (Kassam-Khamis, et al., 2000).

2.3.4.3 Social pressure

Socialising has an important role in the SA culture and there is an expectation for individuals to partake in social events with family and the local community, of which food, particularly energy dense food, is a vital component (Lawton, et al., 2008). Studies have shown that refusing this food would be offensive and insulting and eating differently would be isolating (Chowdhury, et al., 2000). Consequently, people may face an internal conflict between consuming a healthy diet and maintaining their cultural and social norms (Lawton, et al., 2008). A study by Lawton, et al., (2008) found that diabetics had developed various strategies to manage such situations, including recipe adaptation and reduction in portion sizes. However, there are inter-generational differences in ability to refuse food, with younger people more able to refuse (Thomas, 2002).

2.3.5 Impact of South Asian households on food intake

SA families living in the UK tend to be larger than the average population, with regards to both adults and children (Leung & Stanner, 2011). As there can often be three generations living in the household there are inter-generational (as well as gender) differences influencing dietary intake and eating practices (Jamal, 1998). Women have reported being torn between their parents, partners and children's preferences (Leung & Stanner, 2011). Mothers and mother-in-laws are likely to have a strong influence in the family, particularly with regards to maintaining traditional food provision. However, second-generation women are more likely to work, resulting in less time available for food preparation, particularly for preparing traditional meals, which are considered to be more time-intensive (Parsons, Godson, Williams & Cade, 1999).

2.3.6 The role of women in the family

Family food provision and preparation is strongly associated with the female identity, particularly for SA women (Parsons, et al., 1999). Therefore, women are a vital target group as they can be important agents of change for the family (Mellin-Olsen & Wandel, 2005; Ludwig, et al., 2010). However, a study by Warin, Turner, Moore and Davies (2008) explains how motherhood changes a woman's priorities, with their children being very much the focus of their lives, followed by their work, home and other responsibilities, respectively, and finally themselves. In addition, a study by the Chapman, Ristovski-Slijepcevic and Beagan (2011) into the meaning of food, eating and health in Punjabi families found that women tend to put the family's needs before their own and therefore often sacrifice their own preferences. This is partly because it is not considered acceptable for women to put themselves first. This may have important implications for health promotion interventions.

2.3.7 Body size and shape

There is conflicting evidence regarding perceptions of body weight and shape in EM groups. Traditionally studies have suggested that some EM groups perceive a large body size to be a sign of affluence, status, health and fertility (Thomas, 2002; Greenhalgh, et al., 2005). However, more recent studies have found no ethnic differences, suggesting that either perceptions are changing or, as a study by Greenhalgh, et al. (2005) suggested, meanings have been misinterpreted. Furthermore, the study found that overweight SA women understand that their weight is unhealthy and have a desire to change (Greenhalgh, et al., 2005). Regardless of conflicting reports, some individuals/ groups may view weight status differently and therefore this should be taken into consideration when working with these groups. It is also important to acknowledge that these perceptions may change during

pregnancy, which is associated with changes in body weight and shape and the transition into a mothering role (Warin, et al., 2008).

Box 2.4: Current picture of health in Bolton

Bolton has a lower than average life expectancy compared to the North West and England and has a significant gap in life expectancy between those from the most and least deprived areas, which is among the highest in the country (Bolton Health Matters, 2013a). Currently, CVD and cancer are the primary causes of mortality, both of which are associated with obesity (BHM, 2013b).

Bolton has seen a rise in the prevalence of obesity in recent years. The Bolton Health and Wellbeing Survey 2010 identified overweight and obesity to be 35 kg/m² and 19.7 kg/m² respectively, compared to 2001 figures, which were 33.2 kg/m² and 13.4 kg/m², respectively (BHM, 2013c). During this time, obesity increased by 32%. Although these figures are lower than the national average, they are self-reported and therefore susceptible to under-estimation (BHM, 2013c). Prevalence rates of T2DM are slightly higher than the national average and are expected to increase as obesity rates continue to rise (BHM, 2013d). Consequently, the cost of diseases related to overweight and obesity is also set to rise from £81.3 million in 2010 to £86.9 million in 2015 and further still in the future (BHM, 2013c).

One explanation for these health outcomes is the large SA community, which represents over 10% of the population (BHM, 2013d). The majority of SA living in Bolton are from India, followed by those from a Pakistani background (Bolton Council, 2001). Currently, 27% of the Asian Pakistani and 19.6% of the Asian Indian population have T2DM (BHM, 2013d). In addition, this group have the lowest fruit and vegetable intakes, the highest levels of sedentary activity and are more likely to live in areas of deprivation (BHM, 2013c; BHM, 2013d).

NHS Bolton Foundation Trust and Bolton Council have commissioned services and developed targets to reduce obesity rates and improve obesity-related health outcomes. However, there is currently a gap in the provision of maternal weight management services. This is one of the commissioning priorities emphasised in 'Bolton's Healthy Weight Strategy' (O'Connor, 2012). In addition, objectives to reduce health inequalities and ensure women receive high-quality advice and support before, during and after pregnancy were also outlined.

CHAPTER THREE: METHODS

(Ludwig, et al., 2011)

Figure 3.1: Research design flow chart

Figure 3.1 outlines the research process described below.

3.1 Design

A qualitative approach was identified as the most effective research design to use in this study as the evidence base in this area is limited and needs to be extended to understand social influences and behaviours (Greenhalgh, Helman & Chowdhury, 1998). Evidence also suggests that qualitative methods are ideal when studying EM groups, where cultural awareness is limited (Harris, Gleason, Sheean, Boushey, Beto & Bruemmer, 2009). Few studies have used a qualitative design to investigate changes in weight, diet and physical activity before, during and after pregnancy and no studies have been found which investigated this particular EM group.

A retrospective phenomenological approach will be used as this study focuses on describing specific experiences, perceptions, meanings and attitudes related to weight change before, during and after pregnancy (Harris, et al., 2009).

The methodology used semi-structured, one-to-one interviews. Semi-structured interviews were conducted using an interview guide containing predominantly open-ended questions but a restricted list of topics (Harris, et al., 2009). Semi-structured interviews were chosen in order to be flexible enough to allow the participants to formulate their responses but provide some structure in order to answer the research question(s).

3.2 Population and subjects

3.2.1 Ethical approval

Following an extensive literature review, ethical approval was required before the study could commence. Ethical approval was received nationally from NRES Committee Yorkshire and the Humber- Leeds Central and locally from NHS Bolton Foundation Trust (Appendix B).

3.2.2 Sample size

A minimum of ten participants were required for the study due to time and resource limitations imposed by conducting an MSc project. A total of eleven participants took part however one participant withdrew from the study at a late stage, leaving a final sample size of ten.

3.2.3 Participants

The participants were SA women who had been pregnant in the last 24 months and had begun the introduction of complementary feeding with their child i.e. mothers whose youngest child was between 7 and 24 months of age at the time of the interview.

3.2.3.1 Inclusion criteria

SA women (>18 years) with a child between 7- 24 months old living in Bolton and who had given written consent.

Initially the study focused on individuals with only one child, as they have only one experience to describe, and was limited to children aged between 7-12 months of age to reduce the effect of recall bias. However, during the early stages of recruitment it became clear that this would need to be amended to include mothers with other children and the age of the child would need to be extended to 24 months. The reasons for this were: the narrow inclusion criteria would have made recruitment difficult; SA mothers often breastfed past 12 months of age and this acted as a barrier to change; perceptions/ importance of weight were not recognised by most until later in the post-partum period or until they were planning/ had other children. If these changes had not been made it is unlikely that the study would have been completed within the given timescales. As this is the first study of its kind to be conducted with this research group, this was unforeseeable.

3.2.3.2 Exclusion criteria

Women who did not have the verbal, written or mental ability to understand the intent and character of the study and where there was a lack of written consent.

3.2.3.3 Informed consent

A participant information sheet was used to inform potential participants of the study (Appendix C). Written consent was required for participants to take part in the study and this was obtained by the researcher (Appendix C). Participants were given at least 24 hours to determine if they wish to take part and it was made clear that this will be on an entirely voluntary basis. Once this had been agreed, details of the interview were confirmed (Appendix C). The signed consent forms were collected before the interview was conducted.

3.2.4 Recruitment

Determining a recruitment strategy is difficult in qualitative research as sampling is often purposive rather than random and consequently participants may not be entirely representative. The sampling approach used was a combination of convenience and snowball sampling. Snowball sampling involves participants identifying others to add to the sample by utilising social networks (McLean & Campbell, 2003; Harris, et al., 2009). This is particularly important when targeting hard-to-reach groups, such as EM, especially when the researcher does not share the same ethnic background (Bhopal, 2001; McLean & Campbell, 2003). In addition, as EM tend to live in areas with higher ethnic density, promotion and recruitment should be concentrated in these areas, thereby increasing opportunity for convenience sampling (Nazroo, 2003). For this reason, this study focused on four areas of Bolton with the highest SA populations, although other areas were not excluded (Bolton Council, 2001). In addition, face-to-face contact is known to be important, rather than

advertising materials (McLean & Campbell, 2003). As pregnancy/ becoming a parent is a key time for women to engage with healthcare and community services; Health Visitors, Children's Centre staff, Health Centre staff and Community Workers were utilised to identify and recruit potential participants. However, advertising materials were posted in Children's Centres and other health and community venues to ensure all avenues for recruitment had been explored (Appendix D). The researcher was also actively involved in the recruitment of participants. As the researcher was employed by Bolton NHS Foundation Trust throughout the study, their knowledge of the areas and community contacts were utilised.

3.3 Procedures

Each participant was required to participate in one interview with the researcher which lasted approximately 45 minutes. Afterwards, participants were also asked to complete a brief demographic questionnaire and check the accuracy of their transcript and the findings, which was anticipated to take an additional hour (Appendix E).

It was essential to develop a rapport with the participants in order for them to feel at ease and confident sharing their views and experiences. Therefore prior to the interview participants were reassured of their anonymity and confidentiality, the importance of their personal views and experiences and their right to avoid answering certain questions or stopping the interview at any point. Participants were also thanked for their contribution and time.

Interviews were conducted using an interview guide which was loosely based on that included in the Define report (FSA, 2007) (Appendix F). The interview process was piloted to ensure its suitability. No modifications were made following the pilot or during the interviews, however, on some occasions further explanations or rephrasing of the questions was required to aid participant understanding and when the researcher required further detail, this was sought.

All fieldwork took place in Bolton between 28th September 2012 and 23rd January 2013 (Table 3.1). The majority of interviews took place in participants' homes, as this was the most convenient location. Others took place in local health, community or children's centre settings. Date, time and location of the interview were mutually agreed between the two parties. Participants were offered reimbursements for any costs incurred as a result of attending the interview however none were claimed.

Table 3.1: Dates of the one-to-one interviews

One-to-one Interviews
Dates held (n=11)
28 th September 2012
15 th October 2012
24 th October 2012
5 th November 2012
8 th November 2012
3 rd December 2012
10 th December 2012
17 th December 2012
17 th January 2013
23 rd January 2013

All data protection laws of the UK were followed and all data was anonymised, with the exception of the participants signed consent form which were transported and stored securely and only accessible to the researcher. Participants were given a unique personal identification code which only the researcher had access to.

As this research may be published and in order to adhere to the University of Chester's policy concerning the retention of identifiable information, the information will be stored for ten years (University of Chester, 2013).

3.4 Data management and analysis

3.4.1 Data collection

The interviews were audio recorded and transcribed verbatim by the researcher, to produce a written account of the interview, as soon after the interview has taken place as possible. This occurred within a maximum of 7 days. The transcription recorded the narrative, verbal cues, such as volume, and any other nonverbal cues that may be of relevance. All participants consented to the interview being audio-recorded.

3.4.2 Data analysis

The aim of the data analysis is to organise, classify and summarise the data in order to understand and describe the context, meanings and experiences of the participants and consequently develop a theory to answer the research question(s). However, the choice of analytical method is essential to produce high quality research. The procedure used was phenomenological analysis, outlined in Fade (2004).

Thematic analysis involves the identification of themes and patterns within the data. Initially codes were assigned to data which were of interest to the researcher (Appendix G). Codes were then organised into categories and themes (Appendix G). Initial codes and themes are developed into more clearly defined theory through constant comparative analysis in which they are continually refined and clarified by exploring and comparing the inter-relationships within and between themes and transcripts to identify differences and similarities (Chapman, et al., 2011). Hence the data collection and analysis occurred concurrently. This is recommended as it allows the researcher to identify any themes that may be emerging from the data and possibly explore these further in future interviews. This enabled a range of theories to be developed and interpreted in order to explain why patterns occur and hence answer the research question(s).

Respondent validation took place to confirm the findings. This involved sending the key findings to the participants to check for accuracy and feedback any comments (Appendix H). All participants completed and returned the validation.

CHAPTER FOUR: RESULTS

This chapter provides an overview of the most predominant and important findings from the data analysis. These findings have been validated through respondent validation. No changes were made as a result of the validation. Quotations from the validation which added value to the findings have been included in this section. Where this occurs, the source of the quotation will be clearly stated as ‘validation’.

4.1 Participants

The purposive recruitment strategy resulted in 11 participants’ taking part, however one participant withdrew from the study at a late stage. When the data was reviewed and amended, this did not affect the data quality or results. The findings presented below are reflective of the data collected from the remaining ten participants.

All participants verbally agreed to answer questions regarding their demographics. Data confidentiality was once again guaranteed and participants were informed of their right to refuse. The data was used to gain an insight into the sample.

Table 4.1: Demographics of the participants

Characteristics	No participants
Area of Bolton	n=2 Crompton n=5 Rumworth n=3 Other
Religion	n=7 Muslim n=3 Hindu
Ethnicity	n=8 Indian n=1 Pakistani n=1 E. African
Migrant Status	n=3 1 st Generation n=7 2 nd Generation
	Average
Age	32 (median)
Number of children	2 (median)

4.2 Data transcription and thematic analysis

This section summarises the responses given by the participants in relation to the themes identified from the analysis. The themes are separated into five categories: weight, diet and physical activity; barriers and motivators to change; knowledge; advice and support; culture.

4.2.1 Weight, diet and physical activity

This section will be separated further into pre-conception, pregnancy, post-partum and future pregnancies in order to compare participants' views and experiences during these times. The majority of participants' responses have been summarised in tables 4.1, 4.2 and 4.3 for more effective interpretation and comparison.

4.2.1.1 Pre-conception

Prior to conception, the majority of the participants described weight management as being of low importance due to their ability to maintain a healthy weight and being happy with their weight status. The importance of diet and physical activity were closely linked with the importance of weight i.e. diet and physical activity did not need to be managed because weight did not need to be managed.

“I never managed it at all. I never did any exercise. I used to eat what I used to eat, I used to eat loads, I used to eat moderate, I used to eat less it doesn't matter because it was the same weight” (5a)

There were exceptions to this; two women explained the need to manage their weight before they had children and had successfully achieved this.

“I was very chubby before I had my children... I lost a lot of weight and I maintained that for about 2 years...” (4b)

“Because I was surrounded by people who were either diabetic, high cholesterol, heart problem, I... started losing weight and I did and from that day on ‘till I was 30, I was one size” (1b)

4.2.1.2. Pregnancy

Views of weight, diet and physical activity during pregnancy were generally consistent with views prior to conception in that it was of a relative unimportance, primarily because weight gain was perceived to be inevitable, uncontrollable and therefore justifiable. In addition, delivering a healthy child was very much the priority of mothers with many justifying the changes made to guarantee this outcome, even if they were of detriment to the mother’s weight. From the participant validation, one participant commented that:

“Looking after the unborn child was more important” (1b validation)

Predominantly, increased food and fat consumption were recognised as the main reasons for weight gain, although the role of reduced physical activity was also highlighted. Increased intake was primarily reported to be due to an increased appetite, which was linked with morning sickness, and cultural influences. One participant commented that GWG was:

“Due to cultural delights” (4a validation)

However, pregnancy was viewed as the only time participants were free to increase food intake (and were actively encouraged to do so) and they wanted to enjoy this opportunity.

The participants' experiences of weight gain varied, with some gaining very little while others gained a large amount. Views towards GWG also varied with some participants viewing their weight gain positively as it symbolised the growth of their unborn child, while others were very unhappy due to concerns about PPWR, reduced confidence and feeling uncomfortable.

"I felt quite proud like, you know, I've got a life inside me and I'm supporting this baby completely... I was not even ashamed of having to buy bigger clothes at the time cos it was well this is for my child" (4b)

4.2.1.3 Post-partum

There was a perception that it would be easy to lose the weight gained during pregnancy in the post-partum period but the reality of this was more difficult than anticipated.

"I did think I will lose it naturally after- try to- harder as time passes" (4e validation)

Consequently, participant's views of their weight after pregnancy vary considerably from before or during pregnancy. This is also reflected in their views and experiences of diet and physical activity, again demonstrating their close association with weight status.

In addition to PPWR, participants also reported increases in WC specifically, which is a particular health concern.

"It's kind of settled in a particular area around my stomach and my hips and I've never been able to lose that" (4a)

“It’s all over the tummy area, nowhere else, so that’s the biggest effect” (5a)

“After I’ve had my baby it’s a completely different view of what a healthy weight is for me now before having the baby I would say it’s how I looked which mattered to me. Now, obviously with all these illnesses, scares, diabetes, cholesterol you’re more concerned about the stomach area and looking at inches. To me, at the moment it’s all about losing weight from the stomach area to reduce the risk factors” (1b)

There were also apparent differences between the exclusive breastfeeding and weaning stages during the post-partum period. Breastfeeding was cited as a significant barrier with participants claiming they were/ would have been unable to make diet and physical activity changes whilst they were breastfeeding, due to having an increased appetite, the dependency of the child and the view that milk production and quality would be affected by such changes. The role of breastfeeding in weight reduction was variable.

“I was told if you don’t eat, no milk” (4e validation)

However, when their child had begun the introduction of complementary feeding, this enabled mothers to start thinking about or making some positive changes to their own diet and physical activity levels, which they felt unable to make previously. Yet, despite being more motivated to change and placing a greater importance on losing weight, consuming a healthy diet and being more active during the post-partum period than they had before or during pregnancy, participants also faced additional barriers which prevented or limited this.

“Extra work load/ less time for self/ tiredness” (4a validation)

4.2.1.4. Future pregnancies

Participants expressed a concern about future pregnancies because of the potential weight regain and retention that may be experienced with additional children.

“I would love to go for other children but the only thing that would stop me is the weight gain and I can’t, I can’t bear to put that kind of weight on again” (1b)

“I gained so much weight it’s hard to lose it. That’s why I didn’t want any more” (4c)

“Just thinking about having to lose it all again, going back to square one, it’s because sometimes you feel like you’ve worked all this time to lose the weight and then you find out you’re pregnant again and it’s like ‘oh, no!’” (4e)

Consequently, participants claimed they would be more cautious during subsequent pregnancies.

“I definitely would not do that with my second, I would definitely not touch the other things I was given” (1b)

Table 4.2: Views, attitudes, beliefs and experiences of weight before, during and after pregnancy

	Pre-pregnancy	Pregnancy	Post-partum
Views/ attitudes/ beliefs	<p><i>I never managed it at all... it doesn't matter because it was the same weight (5a)</i></p> <p><i>"I usually really, really skinny but I always health, you know, so I was happy all the time myself before there was pregnancy" (4g)</i></p>	<p><i>"This is probably the only time you get to let yourself a little bit go.... It's inevitable you are going to put weight on" (4b)</i></p> <p><i>"Especially in South Asian origin the women do tend to put a lot of weight on" (4a)</i></p> <p><i>"I think you feel like it's an excuse" (4e)</i></p> <p><i>"You just don't bother yourself with it when you're pregnant" (4c)</i></p>	<p><i>"I have to look after... look out for it at the moment a lot whereas before I didn't" (4c)</i></p> <p><i>"You've got it in your head that after pregnancy it'll just go or I'll lose it but, erm, but I don't think you take into consideration that it's gonna be really hard... it gets harder every time" (4e)</i></p> <p><i>"Every woman wants to lose their weight after pregnancy" (4c)</i></p>
Experiences	<p><i>"Years ago I would like just go like two pound up or down or something but, no, but I, I didn't have to actually keep on, on top of it..." (4c)</i></p>	<p><i>"I do gain weight because I eat more because I get hungrier" (4c)</i></p> <p><i>"I gained nearly four stones... it's a lot of weight put on really quickly" (1b)</i></p> <p><i>"I didn't gain a lot of weight in my pregnancy which is really good" (1a)</i></p>	<p><i>"I never used to gain so much weight but now it's so easy to gain"(4c)</i></p> <p><i>"I'm really struggling to lose it" (1b)</i></p> <p><i>"It seemed to naturally just come off, it did take a while, it did take about a year" (5b)</i></p> <p>Role of Breastfeeding</p> <p><i>"When I was breastfeeding I put the weight on" (4g)</i></p> <p><i>"In breastfeeding I think I actually lost weight" (1a)</i></p>

Table 4.3: Views, attitudes, beliefs and experiences of diet before, during and after pregnancy

	Pre-pregnancy	Pregnancy	Post-partum
Views/ attitudes/ beliefs		<p><i>“What they said I shouldn’t eat, most of the stuff I didn’t eat already, so... it didn’t affect me” (4e)</i></p> <p><i>“I thought that was my enjoyment bit in my life” (4b)</i></p> <p><i>“You don’t really look at food in, in the way that you used to, you just have what you feel like having and what people are telling ya” (1b)</i></p> <p><i>“So from drinking like skimmed milk I was given full-fat milk and really the justification is... you want a healthy baby” (4b)</i></p> <p><i>“I was encouraged not to cut down because the baby needs the extra” (4a)</i></p>	<p><i>“If you eat well you can produce milk better” (5a)</i></p> <p><i>“If I don’t eat, how am I going to produce milk?” (4c)</i></p>
Experiences	<p><i>“I used eat whatever I want to, yeah, used to live on junk” (4e)</i></p> <p><i>“I used to have anything and everything” (4c)</i></p>	<p><i>“I was encouraged to... over-indulge a little bit; cos I’m pregnant ‘go on have the extra’ (laugh)... and I did” (4a)</i></p> <p><i>“I think my appetite increased and sometimes I used to crave for the wrong things” (4e)</i></p> <p><i>“She (participants mother) was like, ‘you can forget that now... your baby needs oil and you need some oil so you’re gonna have some oil’...” (4b)</i></p> <p><i>“My family just encouraged me to... have butter instead of low fat spreads... don’t go for the low fat products” (4a)</i></p> <p><i>“I eat more because I get hungrier” (4c)</i></p> <p><i>“When you’re really tired or you know you’re struggling on that day you just tend to eat whatever you can” (1a)</i></p>	<p><i>“I’m much healthier now, I think about what I’m eating, I think about what’s in it, I think about the fat in it, the salt, the sugar, I think about everything now” (5c)</i></p> <p><i>“By the time my child was weaning I suppose I was eating healthier than I had been prior to that and I’m eating less than I did when I was pregnant” (4a)</i></p> <p><i>“After having children... to keep it off, I have to really, really, really, restrict myself. That’s what’s hard” (4b)</i></p> <p><i>“During breastfeeding you tend to eat, you have a healthy appetite” (4e)</i></p>

Table 4.4: Views, attitudes, beliefs and experiences of physical activity before, during and after pregnancy

	Pre-pregnancy	Pregnancy	Post-partum
Views/ attitudes/ beliefs	<p><i>“I was happy with the weight I was so I didn’t need to do it” (4c)</i></p> <p><i>“Before I had the children... I was lucky enough not to really need to think about exercising” (5b)</i></p>	<p><i>“I wasn’t even that bothered about exercising” (5a)</i></p> <p><i>“I probably didn’t give it much thought” (5b)</i></p>	<p><i>“I’m really enjoying it and it’s definitely made me feel a lot better” (1b)</i></p>
Experiences	<p><i>“I never did any exercise” (5a)</i></p> <p><i>“Before pregnancy, I didn’t have weight to lose, I was just going to tone myself and look, feel better” (1b)</i></p>	<p><i>“I didn’t do any exercise at all” (5b)</i></p> <p><i>“I didn’t want to do any exercise during preg- I did walk quite a bit, that was the only thing I did” (4a)</i></p> <p><i>“Even a yoga class at home would be not right in the eyes of like our parents, it’d be like ‘what are you doing, that’s not the right position to sit in, that’s not helping the baby’ so you automatically sort-of reduce your physical activity” (1b)</i></p>	<p><i>“It is different now, yeah, I have to constantly do exercise” (4c)</i></p> <p><i>“I’m doing a lot more than I did” (1b)</i></p> <p><i>“I haven’t managed to do any physical exercise because I don’t get the time... and it’s difficult to get child care” (1a)</i></p>

4.2.2 Barriers and motivators

This section will again be separated further into pre-conception, pregnancy and post-partum in order to compare participants' barriers and motivators during these times. The majority of participants' responses have been summarised in Table 4.4 for more effective interpretation and comparison. Figure 4.1 demonstrates the perceived impact of the barriers and motivators of change before, during and after pregnancy. This, along with other dialogue, was used to predict importance and confidence during these times (Figure 4.2).

4.2.2.1 Pre-conception

As the majority of participants did not feel they needed to make changes to their weight, diet and physical activity prior to conception i.e. it was unimportant, there were no barriers and motivators to change discussed by the participants. However, this perception is viewed as a barrier to change by the researcher. For the participants who successfully managed their weight prior to conception (and therefore were confident they could do so); weight loss, health benefits and knowledge were their key motivators for change.

4.2.2.2 Barriers: pregnancy

Pregnancy, particularly the first pregnancy, was perceived as a vulnerable time for the participants as they did not want to risk their pregnancy and were concerned they would be viewed as a "*bad mum*" (1b). Consequently the health of the baby became a greater priority than their own health and they were willing to follow the advice given to them to guarantee this. This advice predominantly came from family and friends, due to a reported lack of support from healthcare professionals (HCP) (to be discussed further in section 4.2.4.1). However, this advice was not necessarily correct and led to participants adopting unhealthy behaviours. Furthermore, feeling tired, suffering from morning sickness and having an

increased appetite made undertaking or sustaining a healthy lifestyle difficult. Consequently, the importance of managing their weight, diet and physical activity was low, as was their confidence (self-efficacy) in doing so.

4.2.2.3 Barriers: post-partum

Participants felt that they were more willing to make weight, diet and physical activity changes during the post-partum period i.e. it was of greater importance to them, but their perceived ability to make those changes had reduced and therefore their self-efficacy was lower. There were a range of barriers reported by participants, the most important of which were time, family commitments and priorities.

“Agree-priorities change a lot” (4e validation)

Lack of advice and support, breastfeeding and dependency were reported (as previously discussed in section 4.2.3.1). In addition, the cost and difficulties associated with being active and consuming a healthy diet were also highlighted. Another important barrier was emotional eating as a result of stress, isolation, comfort and boredom. Other barriers raised included the impact of having a caesarean, eating patterns and environmental influences such as access, availability and weather conditions.

4.2.2.4 Motivators: pregnancy

The principle motivator during pregnancy is the health and safe delivery of the unborn baby. Although, this can also act as a barrier to change i.e. to justify unhealthy behaviours such as reduced physical activity and increased portions sizes (as previously discussed in section 4.2.2.2). However, for some, physical activity was reported as a motivator to change as it was

perceived to help manage health conditions, minimise GWG and was as a source of enjoyment.

4.2.2.5 Motivators: post-partum

Due to the difficulties associated with weight loss during the post-partum period, weight loss became a key motivator, alongside physical activity. Interestingly, food was cited as the principle cause of GWG, while physical activity was the focus for post-partum weight loss. However, as previously discussed (in section 4.2.1.3), these motivators and changes predominantly occurred later in the post-partum period, usually after the cessation of or reduction in breastfeeding, when the child had less reliance on the mother. Consequently, the participants were able to put themselves as a greater priority than they had previously, which was important to fulfil their mothering role. Other motivators raised included environmental influences such as clothing, work and routine.

Table 4.5: Barriers and motivators of weight, diet and physical activity changes during and after pregnancy

	Pregnancy	Post- partum
Barriers	<p>INTERNAL</p> <p>Appetite <i>“I think my appetite increased and sometimes I used to crave for the wrong things” (4e)</i></p> <p>Vulnerability <i>“You’re quite vulnerable as well at that time, you listen to what people have got to say and whatever works is you’re priority” (1b)</i></p> <p><i>“In the first pregnancy... you’re just... a little bit clueless and you tend to listen to everything and everyone and you always take their opinions and their experiences count a lot more than what your natural instincts” (5b)</i></p> <p>Fear <i>“I don’t want to damage my baby when I’m pregnant” (4g)</i></p> <p><i>“I were trying to be really careful not to do anything which I thought might risk my pregnancy” (4a)</i></p> <p><i>“You’re so scared about losing the baby... you just don’t want to be seen to be a bad mum” (1b)</i></p>	<p>INTERNAL</p> <p>Priorities <i>“Family commitments... I think I tend to put that as more of a priority than myself losing the weight” (4a)</i></p> <p><i>“I would like to give it a higher priority... I know that if I do that something else has to give... which is a bit more important” (4b)</i></p> <p><i>“I put everyone else before myself” (5c)</i></p> <p>Emotional eating <i>“We’re eating as, as a comfort, it’s comfort eating- you get depressed at staying at home” (4c)</i></p> <p><i>“With the pressures I have got in my life right now I can’t seem to give up eating a bit of chocolate” (4b)</i></p> <p><i>“If you’re bored, you eat it, and that’s where it piles up” (5c)</i></p> <p>Ease <i>“It’s an effort really having a good diet, whereas it’s easier to have junk” (4e)</i></p> <p>EXTERNAL</p> <p>Breastfeeding <i>“When I decided to stop breastfeeding her that was when I could consciously think, right ok I can start making a change now... I don’ think I would ever even thought about my weight whilst I was breastfeeding, so that ruled out 14 months” (4b)</i></p>

<p>Prioritising the baby over self <i>“During the pregnancy, the one thing you concentrate on then is, is the baby, I don’t think you worry that much about yourself” (4e)</i></p> <p><i>“It’s not about you right now, it’s about your child” (4b)</i></p> <p>EXTERNAL</p> <p>Morning Sickness <i>“In initial stage I still tried to continue some of that... healthier lifestyle but I.... kept feeling nauseous” (4b)</i></p> <p><i>“I just ate what I felt like eating cos I didn’t like the taste of much, there wasn’t much that, that I actually enjoyed, so if I like the taste of something I ate it... I didn’t worry about ‘oh God is it high in this or is it high in that’...if I wasn’t being sick then I think I would have thought about it a bit more” (5c)</i></p> <p>Lack of advice and support <i>“I was never given any kind of help whatsoever when it came to weight while I was pregnant. Every time I tried to ask for help, I was either given a number, given a leaflet, which never really helped me... Health Visitor or even a Midwife don’t have time to talk to you about healthy eating, weight, they’re more concerned about the baby” (1b)</i></p>	<p><i>“Breastfeeding is restricting me from going on a strict diet... if I didn’t breastfeed I would have really thought about getting on a diet straight away and then it would be easy for me to lose my weight cos I’m not eating four times, four times a day” (4c)</i></p> <p>Lack of advice and support <i>“I don’t think there was anything after I had had the baby in regards to weight management I don’t think I received any support” (4a)</i></p> <p>Time <i>“I think it’s just time er so it should be a priority but it’s just not... you’ve got less time now... I’ve got some much to do... I’ve got less time to fit it in... before it was like, I can go out any time” (4a)</i></p> <p><i>“I wish I could do more actually but I... just don’t get time” (5a)</i></p> <p>Dependency/ Childcare <i>“Before I had my children... I could just be pretty free. However, now that you have children you can’t just decide to just go to the gym” (4b)</i></p> <p><i>“I’d like to join a gym or go to a class but it’s then the worry of who is going to look after the baby” (4a)</i></p> <p>Expense <i>“Healthy options are expensive and indoor activities are so expensive to do we can’t afford it when you’re bringing up children” (4c)</i></p> <p><i>“Classes should be free, if not cheaper” (1b)</i></p>
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Motivators	<p>INTERNAL</p> <p>Baby <i>“Always thinking about the baby, especially when you’re pregnant” (1b)</i></p> <p><i>“You want to give them the best start in life. So you have to incorporate changes into your lifestyle” (1a)</i></p> <p>EXTERNAL</p> <p>Physical Activity <i>“I try to incorporate walking into my lifestyle so that actually helped to keep the blood pressure down... and I think that that helped to keep my weight down as well” (1a)</i></p>	<p>INTERNAL</p> <p>Prioritising self <i>“I’m caring about myself more... now that I know that my babies fine...I can relax a little bit and I feel like... because right, babies fine, I need to sort myself out” (1b)</i></p> <p>Role of the mother <i>“I should be eating a healthy diet... to keep me healthy so I can look after my family” (4a)</i></p> <p><i>“I don’t want them to look at mum and think ‘you don’t do anything’” (5b)</i></p> <p><i>“I think it is important for the mother to be healthy... so you have to incorporate changes into your lifestyle” (1a)</i></p> <p><i>“Mum is very important because she takes care of the kids and all the family” (4g)</i></p> <p>EXTERNAL</p> <p>Breastfeeding <i>“I wanted to exclusively breastfeed- there are a lot of benefits from breastfeeding” (1a)</i></p> <p>Reduced dependency <i>“She’s getting a little bit older... so I will have a little bit more time to myself... I think that that will help” (5b)</i></p> <p>Weight loss <i>“I feel more confident in myself as well. I have noticed that I fit into my clothes that I didn’t used to fit into before so I am quite pleased about that” (1a)</i></p>
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		<p>Physical Activity</p> <p><i>“When I do go the gym I automatically watch my diet” (1b)</i></p> <p><i>“I really enjoy that, it’s really good, you know, if you go the gym, come back fresh... I just like feeling free” (4g)</i></p>
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Motivators		
	Baby's health	
		Baby's health+ Self-perception/ Weight status* Mother's health & wellbeing*
Knowledge Weight loss/ health	Physical activity Mother's health	
Preconception	Pregnancy	Post-partum (up to 24m)
	Lack of advice/support	Cost/ ease Lack of advice/support+ Socio-cultural beliefs+
	Morning sickness Appetite Self- perception	Emotional factors
Weight status/ Self- perception	+Socio-cultural beliefs +Vulnerability/ Fear	Breastfeeding/ childcare Time/ priorities*
Barriers		

Key: *become more important with time/children +become less important with time/children

Figure 4.1: The perceived impact of the barriers and motivators of change before, during and after pregnancy

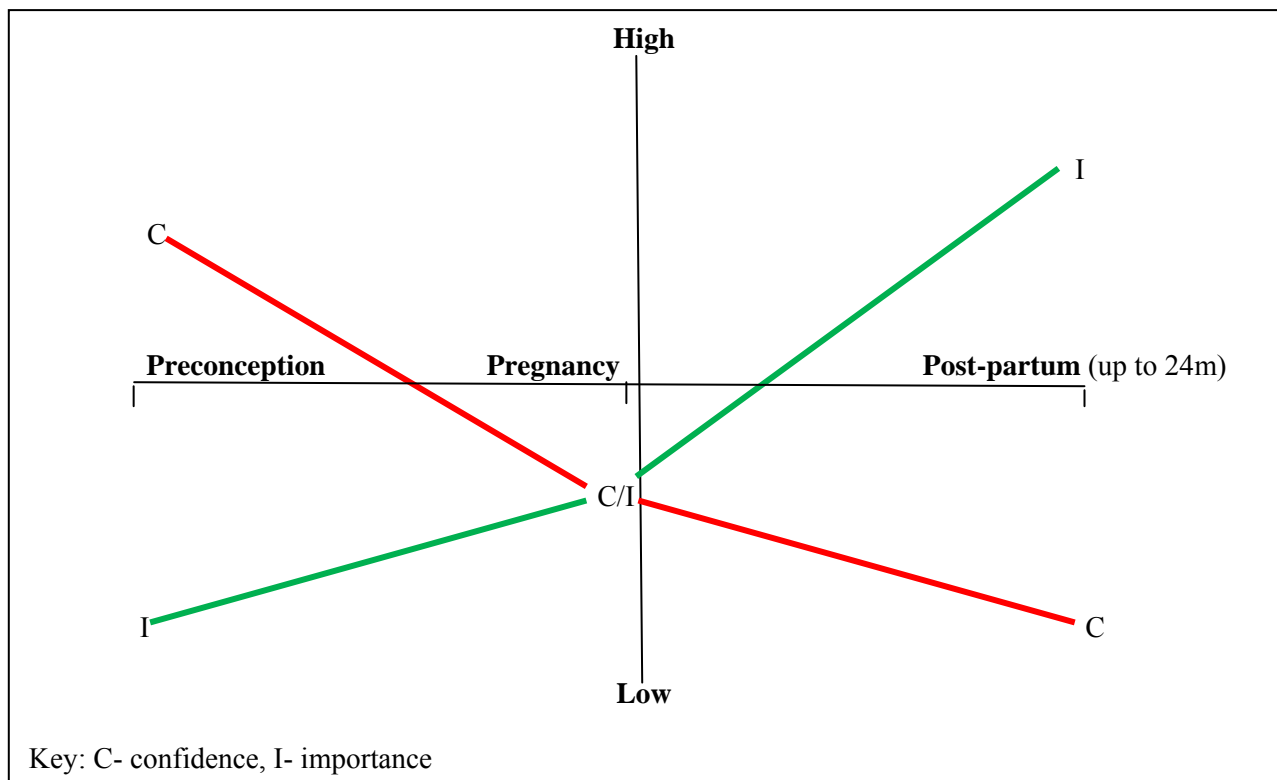


Figure 4.2: The perceived level of importance and confidence of making behaviour changes before, during and after pregnancy

4.2.3. Knowledge and awareness

Participants had a good knowledge of general weight, diet and physical activity recommendations and an awareness of their association with health. However, there was an acknowledgement that although having this knowledge was important; it did not necessarily translate into behaviour.

“I know that you’re meant to eat five fruit and veg a day which I find quite hard to do...

When you’re busy as a mother and running around you don’t actually have time to think about all that but I know it’s really important to do that” (1a)

4.2.4. Advice and support

Pregnancy/ becoming a parent is an important time for women, particularly SA women, to access the healthcare system. Therefore, this presents an opportunity to provide advice and support which can help to shape future lifestyle choices.

4.2.4.1. Healthcare professionals (HCP)

Participants felt that there was a lack of advice and support from HCP regarding weight, diet and physical activity, throughout their pregnancy and during the post-partum period, and would have valued more input. In addition, the advice received was vague or focused on food avoidance rather than maximising the opportunity for brief advice to improve weight, diet and physical activity. Furthermore, as the advice given was not perceived to affect them, participants did not feel changes needed to be made.

“I personally think... when you’ve had the baby, or... during your pregnancy... that more advice is given that you don’t need to eat much or you can do this exercise, so where Asian people gets that mentality out of their head then, no, it won’t do any harm” (4c)

“Majority of women need help with their weight, in the sense that, a little bit of advice if they want it, then it should be available for them. That would have helped me definitely” (5c)

“I would have valued the Health Professional because obviously, they have the evidence-base, however, the one that influenced me was my family and friends because I didn’t have anything else” (4b)

“They just sort-of-said to have a healthy diet just carrying on eating whatever you normally eat...when they say have a healthy diet, I’m sure most people don’t actually really know what that is” (5b)

“I was actually looking at my folder yesterday... and I had a leaflet about car seats, I don’t really need that then, I need things like physical activity, healthy eating” (1b)

“I had no help from Health Professionals although help was asked” (1b validation)

4.2.4.2 Suggestions for improvements

A range of strategies were highlighted by participants to improve the advice and support available. Predominantly, participants valued verbal, rather than written, communications which focused on practical, culturally-appropriate advice. An emphasis was also placed on

peer- support groups which focused on both the mother and child. It was felt that brief advice and support should be provided during and after pregnancy in order to maximise opportunities to encourage women to make small changes and capture them when they are most amenable to change.

“I think in a discussion initially... and then maybe a leaflet” (4a)

“I think that it should really be there from the beginning, from when they are having their initial consultation with the midwife... just for them to have it at the back of their minds” (4b)

“Some women get quite lonely as well so socially it’s good for them, also meeting other mothers, exchanging ideas, exchanging thoughts and experiences... and just a chat helps” (5c)

4.2.4.3 Role of family and friends

Compared to HCP, family and friends played a more important role in advising and supporting women. However, there was an acknowledgement that advice can be conflicting and therefore can be a source of confusion.

“You can get mixed messages from family and friends... they all have their different pieces of advice and you don’t know which one is right and which one is wrong” (1a)

“The biggest influence is your family, it’s family that’s telling you and you always believe your family” (1b)

“You have to follow some of that because that’s your parents’ wishes” (4b)

4.2.4.3.1. Inter-generational differences/ conflict

There were also inter-generational difference between participants and their elders, which could be a source of pressure, conflict and tension.

“Our generation, we tend to be a bit more conscious of these things, but obviously, the older generation, they see their ways as the better ways... they don’t have the same education, concerning diet and things, it’s a different lifestyle in India” (5b)

“There’s this pressure for you to look like a woman, they don’t want a 30-year old woman to be a size 6- you do get a lot of pressure from the family” (1b)

“The hardest bit is that you come from the South Asian community given that there’s the extra pressures... family pressure is the hardest one to deal with. If you start trying putting your foot down, then you’re the one causing conflict in the family and then you become the outsider” (4b)

“It’s hard getting round these old women who think that, you know, it’s got to be that way and that’s it... nothing you can say makes you right over them...” (5c)

4.2.5. Culture

4.2.5.1. Cultural food and physical activity beliefs

Participants were sceptical of the food and activity beliefs imposed by their elders during pregnancy and early during the post-partum period but felt that these needed to be adhered to,

particularly during their first pregnancy. There was also a lack of understanding about what some of the cultural foods were and why they were being advised (Table 4.5)

“I don’t even know what some of the things are, but you’re having it” (1b)

“They say it’s good for the baby I’m not so sure why but because of who we are and where our parents come from we had to listen to them...” (4b)

“I definitely would not do that with my second, I would definitely not touch the other things I was given” (1b)

“It’s Asian women who think that you have to eat lots of ghee... they seem to think if you don’t have it then you’re not going to produce milk, you’re not going to be alright and you’re going to have problems later on which is not the case” (5c)

“The older generation... say don’t do any exercise while you’re carrying the baby” (5b)

“Advised to eat methi/ ghee by elders” (1b validation)

“Encouraged to eat more food high in fat” (4a validation)

“Was told no exercise” (4e validation)

“Family members encouraged certain foods to promote better quality breast milk” (5b validation)

Table 4.5: Culturally recommended food and drinks

	Food/ Drink	Explanation	When recommended
Consume	Almond Milk	<i>Good fats, folic acids (& other vital vits/mins e.g calcium, vit E)</i>	Pregnancy
	Apples (in moderation)	<i>Vitamins & minerals</i>	Pregnancy
	Coconut water	Cooling	Post-partum
	Fruit	Child will enjoy fruit	Pregnancy
	Hout (Adu) Ginger powder	<i>pregnancy related nausea/ vomiting</i>	Pregnancy
	Milk	Cools stomach, vitamins and minerals	Pregnancy
	Onion	Strength, replenishment	Pregnancy
	Rudla	Strength, replenishment	Pregnancy
	Spinach	Strength, replenishment	Pregnancy
	Sheera	<i>Energy, calcium</i>	Pregnancy
	Yellow Melon	<i>Vitamins and minerals, immune system</i>	Pregnancy
	Chicken	Goodness	Towards the end of pregnancy
	Gur (sugar)	Strength/ Energy	Towards the end of pregnancy, mainly post
	Methi	Labour, milk flow, recovery, strength	Towards the end of pregnancy, mainly post
	Purified butter/ ghee	Strength/ Energy	Towards the end of pregnancy, mainly post
	Fennel	Cleanses, breastfeeding	Post-partum
	Halwa	Nourishment	Post-partum
Avoid	Certain fruit & veg e.g. grapes	Baby more likely to develop a cough	Pregnancy
	Cold foods/ drinks	Make baby cold, baby more likely to develop asthma	Pregnancy
	Fizzy drinks	“not good for the baby” <i>Sugar (& possibly caffeine) content, poor nutritional content</i>	Pregnancy
	Ginger	“not good for the baby” <i>may affect blood pressure</i>	Pregnancy
	Papaya	“not good for the baby” <i>Under-ripe papaya has some links with miscarriage</i>	Pregnancy
	Sugar	“not good for the baby” <i>Development of pregnancy-related diabetes</i>	Pregnancy
	Cucumber	Baby more likely to ‘catch cold’	Post-partum
	Yoghurt	“not good for the baby” <i>‘Cold’ food</i>	Post-partum
Key: No italics: participant explanation Italics: possible explanation but not given by the participant			

4.2.5.2. Additional cultural barriers

The cultural barriers reported are consistent with those documented in the evidence and primarily included traditional cooking methods and language.

“I think traditional Indian food tend to be quite oily... we have made a conscious effort of using a lot less, although they say it tastes better (with more oil) I don’t necessarily think that it does” (5b)

“The way you’re taught Indian cooking is they don’t measure... It’s just sort of a you put a bit of this, put a bit of that in and you sort of just cook like that” (5b)

“I think language can be a barrier... it’s about... providing bi-lingual, multi-lingual workers and having information that’s in different languages” (1a)

“Language I think is a massive one because at the end of the day not everyone can be so strong in English” (4b)

However, the findings from the participant validation suggest that half of the participants do not agree that language is a major barrier, although this may be because they were all fluent in English.

4.2.5.3. Religious implications

Although the participants were not selected on the basis of their religious beliefs, where these were raised by the participants and were of interest to the study, they have been highlighted.

Primarily comments were made regarding food beliefs (discussed in section 4.2.5.1) and breastfeeding duration.

“I hope to breastfeed until the age of two at least and that’s Islamically as well... I am a Muslim so we have to breastfeed until the age of two” (1a)

These findings will be discussed and interpreted further in Chapter 5.

CHAPTER FIVE: DISCUSSION

5.1 Summary of the findings

To date, studies focusing on the health and wellbeing of SA have often been cross-sectional, therefore fail to reflect lifestyle changes during important life events, and focus on individuals with already established long-term health conditions. However, pregnancy/ becoming a parent is a time when lifestyle behaviours may change and weight gain and retention may occur (NICE, 2006a). Therefore, this point in the life cycle presents a critical opportunity to advice and support SA women, who have a high risk of T2DM at lower BMIs, and possibly prevent or delay the onset of such health conditions. Although various studies have examined the changes in weight, diet and physical activity from pre-conception to the post-partum period, no studies (UK-based or otherwise) have been found which focused on SA women specifically. In addition, few have used a qualitative approach which would enable the researcher to understand why certain phenomena occur. Therefore, this study provides a unique insight into the views and experiences of SA women during a significant point in their life course. Developing an understanding of the factors affecting weight during this time is vital to reduce health inequalities, prevent ill health and improve health outcomes in this group, all of which are essential targets outlined in various recent National reports (DoH, 2012a; DoH 2012b; DoH, 2012c).

It has been suggested that research involving EM should be conducted by researchers who share commonality with those being studied. In this study however the researcher did not share the same ethnicity as the participants. This has been identified as a potential source of bias as the researcher has an ‘outsider’ perspective and therefore may have predetermined views about the study group.

The data from this study suggested that views and experiences, and hence motivators and barriers, to changing weight, diet and physical activity are not static across pregnancy and the post-partum period and SA women may face additional barriers to change during this time compared to the general population. Furthermore, there appears to be a lack of advice and support from healthcare professionals, highlighting an important missed opportunity to encourage positive behaviour change and overcome barriers to change in this group. Consequently, healthcare provision should be improved, utilising public involvement, to ensure need is met (DoH, 2012a).

5.2 Weight, diet and physical activity views and experiences

In the present study there appeared to be a difference in the views and experiences of weight, diet and physical activity changes before, during and after pregnancy. This is in contrast to majority of findings within the literature, however these studies varied in their design and study group (Verbeke & De Bourdeaudhuijv, 2007; Gardner, et al., 2012) (Appendix A).

5.2.1. Pre-conception weight

Prior to conception, the participants in this study perceived their weight to be under control and therefore its management through diet and physical activity was considered to be unimportant. Women tended to “*eat whatever*” (4e) and “*never did any exercise*” (5a). This view has important implications for prevention strategies as engaging women who do not perceive themselves to be at risk will be difficult. It may also be more challenging to target SA women prior to conception as evidence suggests this group may not access healthcare equally, may access maternity services later and may not value preventative services (Davey Smith, Chaturvedi, Harding, Nazroo & Williams, 2000; Vyas, Haidery, Wiles, Gill, Roberts, & Cruickshank, 2003; Szczepura, 2005). However, as obesity rates in the childbearing

population continue to rise and as women gain weight with future pregnancies, this perception may change.

5.2.2. Pregnancy weight

The participants viewed pregnancy as a time for weight fluctuation and therefore weight gain during pregnancy was viewed as acceptable and uncontrollable. Hence managing weight by following a healthy diet and being activity during this time was relatively unimportant and achieving and maintaining these behaviours was perceived to be difficult (NICE, 2010).

“I don’t think it was too much of a worry or a concern for me. I knew weight was gonna come” (4b)

Although dieting and weight loss would not be recommended during pregnancy, controlling GWG and following healthy lifestyle behaviours are important recommendations. It is important to make the distinction between the two.

Despite a lack of importance regarding weight control during pregnancy, women viewed their GWG differently, for some it was viewed positively as it symbolised the growth of their unborn child, for others it was viewed negatively for health reasons, discomfort and concerns about PPWR. This may have an association with body size perception (to be discussed in section 5.4).

5.2.3. Post-partum weight

Weight management became more important after pregnancy because *“every woman wants to lose their weight after pregnancy”* (4c). However, there was a perception that GWG would

be lost easily following childbirth, which proved not to be the case for most participants and this was a concern for future pregnancies. Failure to meet this expectation made women feel that weight management after pregnancy was more difficult than their experiences before conception and this led to negative views, lower confidence and lower self esteem (Devine, et al., 2000). Conversely, as the participants lost weight, these improved. This suggests that if women can be supported to lose weight after pregnancy, they may be more likely to make diet and physical activity changes and experience benefits in both their health and wellbeing.

There was also a perception that SA women may be at greater risk of GWG, PPWR and increased WC, possibly as a result of cultural factors influencing them during and after pregnancy. At present there is no other available evidence to prove or disprove this perception.

5.2.4. Dietary changes

Although there is some information regarding cultural food beliefs in the literature, there is little focusing on how these impact on women's food consumption during and after pregnancy. However, in this study, cultural food beliefs appeared to be an important factor influencing food choice, particularly towards the end of pregnancy and during breastfeeding. Participants were actively encouraged by family and friends to increase portion sizes, avoid hunger, consume some cultural foods and avoid others and increase their consumption of dairy products and full-fat options. Cultural foods were recommended as they were believed to fulfil specific functions in the body such as heating/ cooling (Table 4.5). Although, some of the recommended foods and eating patterns support dietary recommendations, others do not. Increasing consumption of full-fat options is a common misconception that has been acknowledged in NICE guidance and other literature but is not recommended in the UK

(Rifas-Shiman, Rich-Edwards, Willett, Kleinman, Oken & Gillman, 2006; NICE, 2010).

Potentially, some of these foods may make a significant contribution towards calories, fat and sugar intakes towards the end of pregnancy and early in the post-partum period, possibly until the cessation of breastfeeding (Appendix I). Ohlin and Rossner (1994) suggested that short-term dietary changes made during and after pregnancy were a lesser risk to PPWR than more well-established habits. However, it is unclear what impact the relatively brief increased intake of culturally recommended foods during and after pregnancy may have in SA women, particularly if pregnancies are relatively close together, women have larger families and for those suffering from GDM (Gunderson & Abrams, 2000). Despite this, the women in this study perceived that their “*cultural delights*” (4a validation) were partly to blame for their GWG and PPWR, therefore this area requires further study.

5.3 Barriers and motivators to change

SA women may find it difficult to have and maintain a healthy weight, consume a healthy balanced diet and be physically active during and after pregnancy. This study identified various motivators and barriers to change across pregnancy and during the post-partum period. These are summarised in Table 5.1. However, the extent to which these factors influenced change is an important consideration. Figure 4.1 demonstrates the perceived relative impact of these influences on SA mothers over time. This, along with other dialogue, was used to predict importance and confidence during these times (Figure 4.2).

Table 5.1: Summary of the barriers and motivators to change during and after pregnancy

	Pregnancy	Post-partum
Barriers	<ul style="list-style-type: none"> • Appetite (internal) • Vulnerability (internal) • Fear (internal) • Prioritising the baby (internal) • Morning sickness (external) • Lack of health professional advice/ support (external) 	<ul style="list-style-type: none"> • Priorities (internal) • Emotional eating (internal) • Ease (internal) • Breastfeeding (external) • Lack of HP advice/support (ex.) • Time (external) • Dependency/ childcare (external) • Expense (external)
Motivators	<ul style="list-style-type: none"> • Prioritising the baby (internal) • Physical activity (external) 	<ul style="list-style-type: none"> • Prioritising self (internal) • Role/ health of the mother (internal) • Breastfeeding (external) • Reduced dependency (external) (after breastfeeding) • Weight loss (external) • Physical activity (external)

5.3.1. Pregnancy

A combination of morning sickness and increased appetite made it difficult for women to maintain a regular eating pattern and control their calorie intake during pregnancy (Stein & Fairburn, 1996; Harris & Ellison, 1997). This can lead to reduced motivation, self-efficacy and importance, as these factors are viewed as largely uncontrollable (Warin, et al., 2008). In addition, women enjoyed the opportunity to increase their intake and were actively encouraged to do so (Warin, et al., 2008). Furthermore, women had been reassured that they would lose weight after pregnancy and therefore felt that they did not need to be concerned about increasing their intake. It is interesting that older female family members would encourage this as many women blame pregnancy for their weight status later in life (Linne, et al., 2004; Ludwig, et al., 2011).

The women in this study reported low levels of physical activity during pregnancy, predominantly through fear of harm to the baby and family recommendations, but physical limitations and tiredness were also reported, and this was cited as a reason for weight gain (although dietary changes were perceived to be a bigger cause). Interestingly, physical inactivity was not thought to harm the baby. However, some women in this study used gentle exercise as a way to minimise GWG and there was a perception it would help with the birth (Mellin-Olsen & Wandel, 2005; Warin, et al., 2008). Physical inactivity is common during pregnancy but may be higher in SA women who often have lower levels than the general population (Wanless, 2004; Khunti, Stone, Bankart, Sinfield, Talbot, Farooqi, et al., 2007; Guelinckx, et al., 2008; Karlsen & Nazroo 2010; Weir, Bush, Robson, McParlin, Rankin & Bell, 2010).

The single most important priority and motivator for the participants during pregnancy was their unborn child and women made behavioural changes that they felt would be protective, despite a potential risk to their own health. Changes were predominantly made based on negative risk perception rather than positive health promotion, possibly because risks were perceived to be more immediate and life threatening (to the unborn baby) and this was the focus of the advice received (FSA, 2007). Although this strong motivation offers an important opportunity to influence change during this time, in this study it led to the adoption of unhealthy behaviours due to inaccurate advice.

5.3.2. Post-partum

In this study, women had a desire to lose weight after pregnancy and were more motivated to make changes, but they also faced additional barriers to weight control which lowered their confidence and self-efficacy. However, the impact of some barriers appeared to reduce with

time. In order to adopt healthy lifestyle behaviours after pregnancy, women will need to be supported to overcome these barriers to change and hence increase their self-efficacy.

Finding the time to eat well and be physically active was the most challenging barrier reported by participants. Women appeared to face an internal conflict between juggling her family commitments and her desire to lose weight after pregnancy (Devine, et al., 2000). The participants reported other priorities that they perceived to be more important than losing weight and felt that ultimately “*something has to give*” (4b). Therefore, as many women put the needs of their family first, with themselves being at the bottom of the hierarchy, they found it difficult to justify time away from their family to exercise and if they were to do so they felt they would be viewed as selfish and bad mothers (Bush et al, 1997; Jamal, 1998; Swanton, 2008; Warin, et al., 2008). This has implications for behaviour change strategies, as focusing on an individualised approach may be inappropriate (Warin, et al., 2008). Dietary changes were also perceived to have a potential impact on family meals and cost and it was felt that this would be unacceptable and difficult to achieve, although some participants had successfully implemented some changes (Jamal, 1998; Thomas, 2002; Warin, et al., 2008). It is important however to acknowledge the difficulty of managing behaviour changes during this time of readjustment into parental roles, additional responsibilities and challenges such as lack of sleep, tiredness and changes to household spending (Sarwer, Allison, Gibbons, Tuttmann Markowitz & Nelson, 2006). This also appears to be more challenging with subsequent children. Therefore, first time parents may need slightly different advice and support than parents with multiple children. Despite these barriers, the women in this study acknowledged the importance of placing themselves at a greater priority and valued opportunities to do so, as they were aware of the health risks associated with their ethnicity/ culture and the health benefits of change. However these changes had to be acceptable to their mothering role and be of benefit to the family.

Women also highlighted issues around comforting eating which can be worsened by being at home where food is easily accessible (Stein & Fairburn, 1996). Other studies have also reported associations between stress and increased food/ calorie intake after pregnancy (Hurley, Caulfield, Sacco, Costigan & Dipietro, 2005, cited in Sarwer, et al., 2006; FSA, 2007). NICE guidance (2010) called for a greater focus on this in research and interventions targeting women after pregnancy.

The benefits of breastfeeding for both mother and child are extensive and well documented. However, weight loss is often quoted as a key benefit, although the evidence for this is inconsistent (NICE, 2010). The findings from this study support this as participants experienced variable weight change whilst breastfeeding. Sarwer, et al. (2003) claim that weight loss may be experienced in the first few months when energy requirements are higher but following this may only have longer-term benefits if continued for more than 12 months. For individuals following a Muslim faith, where breastfeeding is recommended for 24 months, this may have an advantage (Koçturk, 2002). Although Dewey, Heinig and Nommsen (1993) reported that there was not a significant difference between post-partum weight at 12 months and 24 months. In addition, the women in this study reported breastfeeding to be a barrier to change for fear of affecting milk production and quality, experiencing an increased appetite, problems establishing regular eating patterns and difficulties concerning the dependency of the child, as women couldn't exercise whenever they wanted and had issues with childcare (Stein & Fairburn, 1996). Therefore, women felt that they would wait until they had stopped breastfeeding before making diet and physical activity changes (Cuco, et al., 2006; NICE, 2010). However, the evidence suggests that milk production and quality are not affected by consuming a healthy balanced diet and undertaking regular physical activity (NICE, 2010). Such perceptions may have important implications

for weight management interventions during the post-partum period, which are recommended within the 12 months following childbirth (NICE, 2010).

The importance of weight loss after pregnancy led to positive self-reported behaviour changes which made women feel that they were “*much healthier now*” (5c). Notably, the importance of diet and physical activity increased alongside that of weight. However, although dietary intake was reported to be the main cause of weight gain during pregnancy, physical activity was the main focus for weight loss after pregnancy, although barriers such as time, childcare, cost and the weather were noted (Ohlin & Rossner, 1994; Fahrenwald & Walker, 2003; Sarwer, et al., 2006; Leung & Stanner, 2011). Despite this, it appeared that most women failed to meet current recommendation of at least 150 minutes of moderate-intensity physical activity per week (Higgins, 2008; DoH, 2011b). Nevertheless, the findings suggest that weight management may be an important motivator to diet and physical activity change in this group and that interventions during the post-partum period may be more successful when the child had less reliance on the mother and women are able to prioritise their needs to a greater extent (Ohlin & Rossner, 1994).

These findings, supported by the evidence base, suggest that women face similar barriers and motivators to change during and after pregnancy as the general population. However, there appears to be additional cultural and religious factors influencing SA women. This provides both opportunities and challenges to influence change in this group.

5.4 The role of family and friends

The role of the family and friends is extremely important during and after pregnancy, particularly for SA women. In this study and elsewhere, advice from family and friends were more influential on lifestyle behaviours and behaviour changes during and after pregnancy than advice from HCP (Caplan, 1997). This may be because advice from family and friends

was perceived to be more tailored to their needs, were communicated verbally (which women expressed a preference for) and support was readily available (Greenhalgh, et al., 1998; FSA, 2007; Verbeke & De Bourdeaudhuijv, 2007). However, participants also experienced more pressure to make suggested changes when advice came from family members.

The family also played an important role in the consumption of culturally recommended foods during and after pregnancy (as previously discussed in section 5.2.4). This is reflected in this study as participants with family living nearby (predominantly second generation) discussed these issues in greater depth than participants with less local family support. Participants reported consuming or avoiding certain cultural foods but on some occasions were unable to explain the reason for this (Table 4.5). This suggests that women do not need to have a thorough understanding of the reasoning behind this advice to follow it (Bradby, in Caplan, 1997). In addition, the participants felt that they needed to adhere to this advice, particularly during their first pregnancy, despite their scepticism (Bradby in Caplan, 1997; Thomas, 2002). This is likely to be due to their perceived vulnerability and cultural and social norms.

It was reported that the food and activity beliefs imposed by elders can be a source of confusion, pressure, inter-generational conflict and tension for SA mothers, with participants claiming they followed this advice to “*keep everyone happy*” (1b) despite their own personal views. Consequently, there would have to be a strong reason for women to go against and challenge the advice of close family and risk causing offence (Bradby, in Caplan, 1997). In addition, women wanted to trust their family who were perceived to be more experienced and knowledgeable when it came to pregnancy and motherhood and as women didn’t want to risk the health of their child, the compromise seemed worthwhile. However, women claimed that once they had experienced the transition into motherhood, they may not or had not followed all of this advice with future pregnancies and were able to “*follow your instincts*” (5b), which

suggests there is either more confidence in challenging this advice or less family pressure to conform with future pregnancies.

Women also described pressure from the family not to lose weight after pregnancy due to cultural perceptions of body size and shape associated with becoming a mother. This is in contrast to be cultural ideals of the mainstream population. In addition, studies assessing body size perception have failed to investigate the impact of pregnancy, which is a crucial time for weight and shape change. However, the findings from this study suggest that this should be explored further.

5.5 Healthcare professional advice and support

Although family and friends provide essential support for women during and after pregnancy and this should be acknowledged and utilised, it is also important to recognise that the advice they provide may be inaccurate (NICE, 2010). Therefore, it is important for HCP not to miss the opportunity to provide advice and support regarding weight, diet and physical activity throughout the patient pathway (NICE, 2010, Royal College of Physicians, 2010; Smith & Lavender, 2011). This is important as evidence from this study and elsewhere suggests that women are receptive to health messages during and after pregnancy, particularly during the post-partum period and in their first pregnancy, and consequently are more motivated to make behaviour changes (Ohlin & Rossner, 1994; Anderson, 2001; Olsen, 2005). In addition, studies suggest that advice given during this time may help to reduce inadequate GWG and PPWR, although evidence is conflicting (Ohlin & Rossner, 1994; Brawarsky, Stotland, Jackson, Fuentes-Afflick, Escobar, Rubashkin, et al., 2005; NICE, 2010).

Advice provided by HCP must be consistent, up-to-date and tailored to the needs of the individual, acknowledging the impact of their culture and family roles (Greenhalgh, et al., 1998; Brawarsky, et al., 2005; NICE 2010). However, the findings from this study, and

others, suggests that there is a lack of advice and support given to women during and after pregnancy and advice that was given was often vague, uninformative and inconsistent and therefore does not reflect current guidance (FSA, 2007; Prosser, 2011; Smith & Lavender, 2011; Brown & Avery, 2012; Coates, 2012). A lack of consistency has led to the perception that “*every time it seems to change*” (1a) (Moore, Adamson, Gill & Waine, 2000). In addition, participants identified that nutritional advice (written or verbal) from HCP focused on food avoidance and neglected to promote healthy eating patterns or weight management (Guelinckx, et al., 2008; Smith & Lavender, 2011; Brown & Avery, 2012). Furthermore, participants felt that there was a lack of time available to discuss these issues and that their health was largely neglected unless it impacted on the child’s (Prosser, 2011; Coates, 2012). In a study by Brown and Avery (2012) such feelings led to anxiety and consequently patients lost trust in their HCP. These factors appear to be important barriers to changing lifestyle behaviours in this group (Coates, 2012). Most importantly, participants in this study reported that that would have valued this advice and support and felt that it would have helped to minimise family/ cultural pressure. This is clearly an important missed opportunity, however it does highlight that HCP are viewed as an important source of information and advice to this group (Greenhalgh, et al., 1998; NICE, 2010, RCP, 2010).

Evidence suggests that the lack of advice and support provided by HCP may be due to a lack of skills or confidence in raising the issue of weight sensitively, a lack of knowledge regarding what advice to give and how to tailor this appropriately, time constraints and language barriers (Bush et al 1997; McLean & Campbell, 2003; Nazroo, 2003; NICE, 2010; RCP, 2010; Leung & Stanner, 2011; Smith & Lavender, 2011). However, overcoming these communication difficulties is vital to reduce inequalities and combat obesity. Although, this can be difficult when there is a lack of evidence-based UK guidelines for appropriate GWG or definitions of overweight and obesity for EM women (NICE, 2010). Chowdhury, et al.,

(2000) recommends that HCP working with ethnic groups should receive training to become culturally competent. NICE (2010) and RCP (2010) also acknowledge the need for more training in weight management for those working in maternity services. There is currently a systematic review in progress examining interventions which improve the weight management support provided by maternity services to obese women (Heslehurst, Crowe, Robalino, McColl, Rankin & Sniehotta, unpublished).

The participants in this study could not identify the best time to begin to manage their weight and suggested that information and support be available throughout pregnancy and during the post-partum period (Anderson, 2001). Therefore, it is recommended that HCP signpost patients to reputable, evidence-based information sources for extra support to help manage their weight, diet and physical activity during and after pregnancy, even if they are not ready to make behaviour changes, as this may influence future action (Anderson, 2001; NICE, 2010) (Appendix J). Women requiring additional advice and support should be referred into suitable community services (NICE, 2010).

5.6. Limitations

5.6.1 Research design

The methodology used within this study has numerous advantages and disadvantages. The approach was effective as it allowed participants' to freely express their opinions and discuss their personal views and experiences in detail. This enabled a more in-depth narrative to be produced which reflects the participants 'lived experience' and hence allowed the aims and objectives of the study to be met. Another methodology that could have been used was focus groups however it was felt that individual interviews would be more appropriate. The reasons for this are: concerns regarding the possible sensitive nature of some of the topics and/ or questions which may result in participants feeling unable to discuss their true opinion in a

group setting; small sample size and obtaining adequate numbers for a successful focus group; accommodating language barriers; difficulties with transcription. In addition, experiences of pregnancy and motherhood can vary and as this study aims to assess an individuals' personal account of their experience it is important that it is not overshadowed by others and answers should be able to be explored further. All attempts were made to ensure the study was completed to as high a standard as possible considering the restrictions imposed by the study design and the limited time and funds available, due to being an MSc project. However, various limitations must be considered, such as sample bias, researcher bias, validity and reliability.

5.6.2 Sample bias

5.6.2.1 Sample size

Bias may arise from the study population as the sample size was limited (due to the nature of the research methodology and time and resource limitations due to this being a piece of student research), the participants were self-selected (i.e. non-probability sampling techniques were used) and the participants were recruited from a confined demographic (i.e. from SA communities in Bolton). Therefore, as the sample may not be truly representative of the population that they represent and the issues and theories discussed are only significant to this group of individuals in this specific situation, the data cannot be generalised to the entire population.

5.6.2.2 Inclusion criteria

Although the term SA refers to individuals from a range of backgrounds, and this is important to control for when undertaking research, the narrow target group (women with a child under 24 months) made it difficult to restrict the study to specific ethnicities, religions and

birthplaces and, given the sample size, it is difficult to consider these groups separately in the analysis (Gallegos & Nasim, 2011). However, where relevant, distinctions were made between different religious, ethnic and migrant groups (Wyke & Landman, 1997). To improve the reproducibility of the findings, it would have been preferable to restrict the sample to a specific ethnic group, e.g. second generation Indian Muslims and women with only one child or to have a large enough sample for comparisons to be made between groups. The original inclusion criteria for this study were changed early during the recruitment as significant barriers to participation were highlighted by the study group. This was primarily due to a severely limited evidence-base informing the design of the study. This is an important consideration for future research.

5.6.2.3 Recruitment bias

The challenges of recruiting from EM groups are well documented. The researcher identified some challenges associated with recruitment in this study. Firstly, the majority of participants were recruited face-to-face or through social networks. Those that were not recruited in this way were required to contact the researcher directly if they wished to take-part, which may have acted as a significant barrier. Time factors may have influenced participation and there may also have been an important language barrier. Although an interpreter would have been made available to explain all written communications and for all verbal communications, primarily the interview process, there were insufficient funds available to produce marketing materials in different languages and face-to-face recruitment and initial discussions with potential non-English speaking participants would have been difficult. Due to the nature of the study with the relatively small numbers and typically UK-born South Asians, it was anticipated that the need for a translator would be rare. A translator was not used for any of the interviews. This may have biased the sample as all of the participants were English-

speaking. Those who do not speak English may face additional barriers which consequently have not been identified in this research. However, had a translator been used this would have introduced bias from the linguistic validity of the transcription.

5.6.2.4 Demographic data

Demographic data was not collected on socioeconomic status, educational attainment, household structure and, for 1st generation participants, length of stay in the UK. This information may have been useful when analysing the data. However, it was felt that collecting this data may have affected the candid nature of the responses given, although this could have been overcome by collecting the data after the interview with a clause to retract the data if preferred.

5.6.2.5 Recall bias

As women were asked to discuss their views and experiences from pre-conception, across pregnancy and up to 24 months after childbirth, this may have resulted in recall bias. However, it could be argued that the participants' perceptions at this point are still valid. In addition, 'Callmer, et al., (1985) suggest that eating habits are better recalled in connection with pregnancy than during other periods of life' (cited in Ohlin & Rossner, 1994, p. 466).

5.6.3 Researcher bias

Researchers play a key role in the research process and therefore may cause bias at any point (Fade & Swift, 2010). The researchers' role in each step of the research process are reflexively considered and discussed throughout this section.

5.6.3.1 Recruitment

Recruitment may have been influenced by the researcher in numerous ways. Firstly, the researcher was employed by Bolton NHS Foundation Trust at the time of the interviews and due to the importance of utilising social networks to engage with potential participants, the researcher had previously had a professional relationship with some of the participants. Therefore, the researcher's 'positionality' may have influenced their decision to take-part (Das, 2010, p.17). In addition, the researcher was from a different ethnic background than the participants and therefore lacked commonality with the study group. Some studies suggest that ethnicity can act as a barrier to taking part in research (McClean & Campbell, 2003). Bhopal claims that 'our ability to listen and our ability to interpret are influenced by our background, our gender, 'race', age, class and sexuality' (p. 282) and argues the importance of a 'shared reality' (p. 284) to engage with EM women (Bhopal, 2001). However, an individuals' identity is determined through a range of complex and inter-relating factors, therefore it would be extremely difficult to achieve complete homogeneity with the researcher and it is questionable whether the researcher would then have complete objectivity. In addition, it could be argued that the researchers' positionality will ultimately change their relationship with the participants, even if they share some commonality (Kennedy, Ubido, Elhassan, Price & Sephton, 1999). Furthermore, as numerous national reports have highlighted the importance of including more EM groups in research and interventions and developing the cultural competence of HCP, it is important that researchers do not avoid undertaking research with EM groups simply because they do not share commonality with the participants. This is supported by Das (2010) who claimed that 'gaining trust is in fact more important in research with minority groups than matching ethnicities' (p. 10). This is particularly important as the ethnic composition, locally and nationally, is regularly changing and subsequently the NHS needs to continually adapt to

meet the new and developing health needs of the population (Szczepura, 2011). However, it is important to acknowledge that the ethnicity of the researcher may have acted a barrier to recruitment in this case and the sample may have reflected this.

5.6.3.2 Data collection

During the interview process, the interaction between the researcher and participant may lead to the development of information which may not have come to light otherwise (Fade & Swift, 2010). It has been argued by Fade (2004) that this is integral to qualitative research and is not a source of bias which needs to be removed or reduced. However, it is important to acknowledge the potential limitations of researcher bias during the data collection. For example, the researcher may make assumptions or use issues highlighted by others to influence the course of the interview. In addition, when participants' are resistant or their answers are too vague, this may unavoidably lead to further questioning and consequently increased the potential for inadvertent leading of the question or insufficient probing to obtain enough detail. Furthermore, a perceived power relationship between the researcher and participants may have influenced the data obtained, for example, participants may have provided information that they perceived to be accurate or acceptable rather than their true attitudes and beliefs. However, Grenz (2005) suggested that 'power is fluid and is not possessed by anybody, it is shaped by the different positions that researcher and researched take within the research encounter which subsequently shapes the data and outcomes of the study' (cited in Daz, 2010, p.16-17). Despite the researchers' attempts to minimise the effect of these issues some level of bias may be encountered. However, this was minimised by having only one researcher conducting the interviews.

5.6.3.3 Transcription

Transforming audio-recordings into written accounts can be problematic. There were some difficulties experienced by the researcher during the transcription in relation to accuracy and interpretation. As outlined in Fade and Swift (2010), it is difficult to transcribe and interpret accents, verbal slips such as ‘er’, meaningless common sayings such as ‘d’ya know what I mean?’, interconnecting speech and non-verbal cues, such as pauses. On some occasions it was difficult to recognise exactly what was being said in the interview, resulting in some data being omitted from the narrative. Therefore, some of the information may lack detail and some vital data may have been missed. However, this was minimised, and hence accuracy improved, by having only one researcher completing the transcription. Furthermore, the transcripts were reviewed several times to ensure consistency (Fade & Swift, 2010).

5.6.3.4 Data analysis

Researcher bias may occur during the data analysis as it is subjective and dependent on their interpretation of the data (Fade & Swift, 2010). This can be reduced by assuring validity and reliability and clearly outlining the analytical process (to be discussed in section 5.6.3.4.1).

5.6.3.4.1 Validity and reliability

Qualitative research has less credibility than quantitative research as it is thought to be less objective due to a lack of robust statistical measures. Therefore, ensuring validity and reliability is of vital importance. However, ensuring validity and reliability in qualitative research can be challenging as all methods have limitations, although conclusions can be strengthened if triangulation is used. Triangulation involves applying multiple methods, sources or analysts to the data (Harris, et al., 2009). Due to the nature of the study, this was difficult to achieve, therefore, the validity and inter-rater reliability will be compromised

(Lewis & Ritchie, 2003). However, Mays and Pope (2000) claim that triangulation ‘is controversial as a genuine test of validity because it assumes that any weaknesses in one method will be compensated by strengths in another’ (p. 51). Other validation methods were used in this study, primarily respondent validation (which is regarded as the most robust credibility assessment), comparison with other studies and theories (to identify similarities and differences) and a detailed systematic description of the analytical process has been provided to aid repeatability (Mays & Pope, 2000; Harris, et al., 2009) (Appendix). However, respondent validation does have limitations in that participants’ may not necessarily agree with conclusions made on the data as a whole (Mays & Pope, 2000). In this study, participants agreed with 82.3% of the findings, on average.

5.7 Recommendations

It must be acknowledged that the findings from this study are in the initial explanatory stage. Therefore further work and probing is necessary to gain a deeper insight into these complex issues and determine the most appropriate methods for improving the health of these individuals.

5.7.1 Interventions

There is a wide-spread consensus that the evidence of effectiveness of interventions aimed at both SA and women before, during and after pregnancy (particularly those who are overweight and obese) is lacking (Thomas, 2002; NICE, 2010; Leung & Stanner, 2011; Smith & Lavender, 2011). This has implications for commissioners, policy makers, healthcare professionals, service users and the general public. The evidence from this study, supported by the literature, recommends that interventions to improve the diet, physical

activity and weight status of SA women during and after pregnancy would benefit from the following:

Box 5.1: Recommended criteria for interventions targeting SA women during and after pregnancy

- Involve the target group in the design, implementation and evaluation of interventions to understand their needs, reduce inequalities and ensure cultural appropriateness
- Target women and their families and tailor to their needs (acknowledging that these may differ during and after pregnancy)
- Be cost effective and sustainable
- Deliver in a less formal, community-based, supportive environment
- Be multi-component: incorporating dietary, physical activity, behaviour change and motivational components
- Use link/ community workers, local people and/ or bilingual healthcare professionals
- Target women within 12 months after childbirth (although advice and support should be provided throughout, particularly during the first pregnancy)
- Provide high-quality, up-to-date, evidence-based verbal and written advice during and after pregnancy (where possible these should be available in different languages)
- Utilise opportunities to highlight the importance of being a healthy weight, consuming a healthy diet and being physically active (for both themselves and the family)
- Co-ordinate with other areas of healthcare to ensure consistency
- Reinforce and build on pre-existing positive beliefs, values, attitudes and behaviours
- Consider innovative strategies to overcome potential barriers, such as time

(Greenhalgh, et al., 1998; Coates, Bowen, Kristal, Feng, Oberman, Dallas Hall, et al., 1999; Thomas, 2002; McLean & Campbell, 2003; Vyas, et al., 2003; BNF, 2004; FSA, 2005; Lawton, Ahmed, Hanna, Douglas & Hallowell, 2006; Sarwer, et al., 2006; Guelinckx, et al., 2008; NICE, 2008; Netto, Bhopal, Lederle, Khatoon & Jackson., 2010; NICE, 2010; Leung & Stanner, 2011; NOO, 2011; Smith & Lavender, 2011; Szczepura, 2011; Prosser, 2011; Zeh, Sandhu, Cannaby & Sturt, 2012; DoH, 2013c).

5.7.2 Future research

Various questions were raised from the findings of this study and consequently areas of future research in the context of obesity, EM and pregnancy have been identified as follows:

- Weight gain and retention associated with pregnancy in SA women
- Similarities and differences in the views and experiences of weight, diet and physical activity changes in women from different ethnic backgrounds during and after pregnancy
- Views and experiences of weight, diet and physical activity changes in women with GDM during and after pregnancy, particularly those from different ethnic backgrounds
- The impact of culturally recommended foods on the nutritional quality of the diet during and after pregnancy and the potential impact on long-term weight status and health outcomes
- Cultural body size perceptions associated with pregnancy and motherhood
- The association between comfort eating and PPWR
- The effectiveness of weight, diet and physical activity interventions targeting SA women during and after pregnancy
- The effectiveness of weight, diet and physical activity training targeting HCP working in maternity services
- Development of behaviour change models appropriate for EM mothers during and after pregnancy

CHAPTER SIX: CONCLUSION

The findings from this study helped to develop an understanding of the factors influencing SA women during and after pregnancy. The findings suggested that views and experiences, and hence motivators and barriers, to weight, diet and physical activity changes are not static across pregnancy and the post-partum period. Prior to conception, women felt in control of their weight and therefore following a healthy lifestyle was of little importance. Pregnancy was viewed as a difficult time for managing weight, consuming a healthy diet and being physically active due to tiredness, morning sickness and increased appetite. Conversely, the post-partum period was an important time for positive behaviour changes but women also faced significant barriers to change during this time, particularly when breastfeeding.

However, change was more likely if it was acceptable to the mothering role and was of benefit to the family. Although it appears that SA women face similar barriers and motivators to change during and after pregnancy as the general population, there may be additional cultural and religious factors influencing them. Family members were an important source of advice and support but advice was often inconsistent with diet and physical activity recommendations and could be a source of conflict and confusion. There was however a lack of evidence-based advice and support from HCP, highlighting an important missed opportunity to encourage positive behaviour change and overcome barriers to change in this group. Maternity services which aim to advise and support SA women in the areas of weight, diet and physical activity during and after pregnancy must consider the factors influencing them during this time. However, HCP may require more training in order to do this. It is also important for HCP to guide and facilitate rather than lead and direct change as individuals often know what to do; *“the main thing is having healthy food, look after yourself, don’t forget yourself and... if you’re not happy... try to change”* (4g); but may need support to

implement this; *“it’s difficult but with the right help and support it can be easy”* (4e validation). The findings from this study suggest that SA women may benefit from peer-led, community-based weight management interventions during the post-partum period, which focus on both the mother and the child. Although this study provides a unique insight into the factors influencing SA women during a critical point in the life cycle, further work is essential to extend the evidence-base in this field and develop effective interventions to improve health outcomes in this group.

REFERENCES

Anderson, A.S. (2001). Pregnancy as a time for dietary change? *Proceedings of the Nutrition Society*, 60, 497-504. DOI: 10.1079/PNS2001113.

Bhopal, K. (2001). Researching South Asian women: issues of sameness and difference in the research process. *Journal of Gender Studies*, 10 (3), 279-286. DOI: 0.1080/0958923012008648 5

Bolton Council. (2001). *Statistics and Census Information Area Reports*. Retrieved from: <http://www.bolton.gov.uk/website/pages/StatisticsandCensusInformationAreaReports.aspx?bid=1378>

Bolton's Health Matters. (2013a). *Joint Strategic Needs Assessment: Life expectancy*. Retrieved from: <http://www.boltonshhealthmatters.org/content/life-expectancy-jsna>

Bolton's Health Matters. (2013b). *Joint Strategic Needs Assessment: Cardiovascular disease (CVD)*. Retrieved from: <http://www.boltonshhealthmatters.org/content/cardiovascular-disease-jsna>

Bolton's Health Matters. (2013c). *Joint Strategic Needs Assessment: Adult Obesity*. Retrieved from: <http://www.boltonshhealthmatters.org/content/adult-obesity-jsna>

Bolton's Health Matters. (2013d). *Joint Strategic Needs Assessment: Diabetes*. Retrieved from: <http://www.boltonshhealthmatters.org/content/diabetes-jsna>

Bradby, H. (1997). Health, eating and heart attacks: Glaswegian Punjabi women's thinking about everyday food. In Caplan, P. (1997). *Food, Health and Identity* (pp. 213-234). London, United Kingdom: Routledge.

Brawarsky, P. Stotland, N.E., Jackson, R.A., Fuentes-Afflick, E., Escobar, G.J., Rubashkin, N. & Haas, J.S. (2005). Pre-pregnancy and pregnancy-related factors and the risk of excessive or inadequate gestational weight gain. *International Journal of Gynecology and Obstetrics*, 91, 125-131. DOI: 10.1016/j.ijgo.2005.08.008.

British Nutrition Foundation. (2004). *A critical review of the psychosocial basis of food choice and identification of tools to effect positive food choice: a summary*.

Brown, A. & Avery, A. (2012). Healthy weight management during pregnancy: what advice and information is being provided. *Journal of Human Nutrition and Dietetics*, 25, 378-388. DOI: 10.1111/j.1365-277X.2012.01231.x

Bush, H., Williams, R., Sharma, S. & Cruickshank, K. (1997). *Opportunities for and barriers to good nutritional health in minority ethnic groups*. Health Education Authority. Retrieved from: http://www.nice.org.uk/niceMedia/documents/nuthealth_ethnic.pdf

Butland, B., Jebb, S., Kopelman, P., McPherson, K., Thomas, S., Mardell, J. & Parry, V. (2007). *Tackling Obesities: Future Choice- Project Report*. (2nd ed.). Foresight. Government Office for Science.

Callmer, E., Haraldsdottir, J., Löken, J., Seppänen, R. & Solvoll, K. (1985). Selecting a method for a dietary survey. *Näringsforskning*, 29, 243-252. Cited in Ohlin, A. & Rossner, S. (1994). Trends in eating patterns, physical activity and socio-demographic factors in relation to post-partum body weight development. *British Journal of Nutrition*, 71, 457-470. DOI: 10.1079/BJN19940155 p90

Caplan, P. (1997). *Food, Health and Identity*. London, United Kingdom: Routledge.

Chapman, G.E., Ristovski-Slijepcevic, S & Beagan, B.L. (2011). Meaning of food, eating and health in Punjabi families living in Vancouver, Canada. *Health Education Journal*, 70 (1), 102-112. DOI: 10.1177/0017896910373031

Chowdhury, A.M., Helman, C. & Greenhalgh, T. (2000). Food beliefs and practise among British Bangladeshis with diabetes: implication for health education. *Anthropology and Medicine*, 7 (2), 209-226. Retrieved from: <http://dx.doi.org/10.1080/713650589>

Church, S., Gilbert, P. & Khokhar, S. (2006). *Synthesis report No 3: Ethnic groups and foods in Europe*. European Food Information Resources. Retrieved from: <http://thinkethnic.com/portfolio/synthesis-report-3-ethnic-groups-and-foods-in-europe/>

Coates, E. (November, 2012). Maternal obesity: managing the risks of eating for two and more. *Human Nutrition and Dietetics Magazine*, 79, 7-8.

Coates, R.J., Bowen, D.J., Kristal, A.R., Feng, Z., Oberman, A., Dallas Hall, W., George, V., Lewis, C.E., Kestin, M., Davis, M., Evans, M., Grizzle, J.E. & Clifford, .C.K. (1999). The Women's Health Trial Feasibility Study in Minority Populations: Changes in Dietary Intakes. *American Journal of Epidemiology*, 149, 1104-1112. Retrieved from: <http://aje.oxfordjournals.org/content/149/12/1104.full.pdf>

Cuco, G., Fernandez-Ballart, J., Sala, J., Viladrich, C., Iranzo, R., Vila, J. & Arija, V. (2006). Dietary patterns and associated lifestyles in preconception, pregnancy and postpartum. *European Journal of Clinical Nutrition*, 60, 364-371. DOI:10.1038/sj.ejcn.1602324.

Das, C. (2010). *Considering ethics and power relations in a qualitative study exploring experiences of divorce among British-Indian adult children*. Bielefeld: COMCAD. Retrieved from: www.uni-bielefeld.de/.../workingpaper_76_Das.pdf

Davey Smith, G.D., Chaturvedi, N., Harding, S., Nazroo, J. & Williams, R. (2000). Ethnic inequalities in health: A review of UK epidemiological evidence. *Critical Public Health*, 10 (4), 375-408. DOI: 10.1080/09581590010005331

Department of Health. (2003). *Health Check: On the State of the Public Health. Annual Report of the Chief Medical Officer 2002*. Retrieved from: www.dh.gov.uk/en/PublicationsAndStatistics/Publications/AnnualReports/DH_4006432

Department of Health. (2008). *High quality care for all: NHS next stage review final report*. Retrieved from: <http://www.official-documents.gov.uk/document/cm74/7432/7432.pdf>

Department of Health. (2010). *Equity and excellence: Liberating the NHS*. Retrieved from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/135875/dh_117794.pdf.pdf

Department of Health. (2011a). *Healthy Lives, Healthy People: A call to action on obesity in England*. Retrieved from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/134840/dh_130487.pdf.pdf

Department of Health. (2011b). *UK physical activity guidelines: Fact sheet 4: adults (19-64 years)*. Retrieved from: <https://www.gov.uk/government/publications/uk-physical-activity-guidelines>

Department of Health. (2012a). *Introduction to the Public Health Outcomes Framework 2013 to 2016*. Retrieved from: <https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency>

Department of Health. (2012b). *The NHS Outcomes Framework 2013/14*. Retrieved from: <https://www.gov.uk/government/publications/nhs-outcomes-framework-2013-to-2014>

Department of Health. (2012c). *Health and Social Care Act 2012, c. 7*. Retrieved from: http://www.legislation.gov.uk/ukpga/2012/7/pdfs/ukpga_20120007_en.pdf

Devine, C.M., Bove, C.F. & Olson, C.M. (2000). Continuity and change in women's weight orientations and lifestyle practices through pregnancy and the postpartum period: the influence of life course trajectories and transitional events. *Social Science and Medicine*, 50, 567-582. DOI: 10.1016/S0277-9536(99)00314-7,

Dewey, K.G., Heinig, M.J. & Nommsen, L.A. (1993). Maternal weight loss patterns during prolonged lactation. *American Journal of Clinical Nutrition*, 58 (2), 162-66. Retrieved from: <http://ajcn.nutrition.org/content/58/2.toc>

Diabetes UK. (2012a). *Diabetes in the UK 2012: Key statistics on diabetes*. Retrieved from: <http://www.diabetes.org.uk/Documents/Reports/Diabetes-in-the-UK-2012.pdf>

Diabetes UK. (2012b). *State of the Nation 2012 England*. Retrieved from: <http://www.diabetes.org.uk/Documents/Reports/State-of-the-Nation-2012.pdf>

Ewles, L. & Simmet, I. (2003). *Promoting Health: A Practical Guide*. (5th ed.). London, United Kingdom: Bailliere Tindall.

Exworthy, M., Stuart, M., Blane, D. & Marmot, M. (2003). *Tackling Health Inequalities since Acheson Inquiry*. Joseph Rowntree Foundation. Retrieved from: <http://www.jrf.org.uk/sites/files/jrf/363.pdf>

Fade, S.A. & Swift, J.A. (2010). Qualitative research in nutrition and dietetics: data analysis issues. *Journal of Human Nutrition and Dietetics*, 24, 106-114. DOI: 10.1111/j.1365-277X.2010.01118.x

Fade, S.A. (2004). Using interpretive phenomenological analysis for public health nutrition and dietetic research: a practical guide. *Proceedings of the Nutrition Society*, 63, 647-653.

DOI: 10.1079/PNS2004398

Fahrenwald, N.L. & Walker, S.N. (2003). Application of the transtheoretical model of behaviour change to the physical activity behaviour of WIC mothers. *Public Health Nursing*, 20 (4), 307-317. DOI: 10.1046/j.1525-1446.2003.20408.x

Farooqi, A., Nagra, D., Edgar, T. & Khunti, K. (2000). Attitudes to lifestyle risk factors for coronary heart disease amongst South Asian in Leicester: a focus group study. *Family Practice*, 17 (4), 293-297. DOI: 10.1093/fampra/17.4.293

Flynn, M., Goldberg, G., Prentice, A. & Cole, T. (1999). Chapter 7: Aetiology of Obesity III: Critical periods for the development of obesity. In British Nutrition Foundation Task Force (1999), *Obesity: The report of the British Nutrition Task Force* (pp. 45-59). Oxford, United Kingdom: Blackwell Science Ltd.

Food Standards Agency. (2005). *Dietary Change: the evidence base and future research needs. A food standards agency seminar.*

Food Standards Agency. (2007). *Healthy and lifestyle in Pregnancy- Folic Acid. Qualitative Research. Final Report.* Define Research and Insight. Retrieved from:
<http://www.food.gov.uk/multimedia/pdfs/healthlifepregnany.pdf>

Gallegos, D. & Nasim, S. (2011). Exploring weight status, dietary intake and acculturation in South Asian women living in Brisbane, Queensland. *Nutrition and Dietetics*, 68, 285-290.

DOI: 10.1111/j.1747-0080.2011.01558.x

Gardner, B., Croker, H., Barr, S., Briley, A., Poston, L. & Wardle, J. (2012). Psychological predictors of dietary intentions in pregnancy. *Journal of Human Nutrition and Dietetics*, 25, 345-353. DOI:10.1111/j.1365-277X.2012.01239.x

Greenhalgh, T., Helman, C. & Chowdhury, A.M. (1998). Health beliefs and folk models of diabetes in British Bangladeshis: a qualitative study. *British Medical Journal*, 316, 978-983.

Retrieved from: <http://www.ncbi.nlm.nih.gov/pubmed/9550958>

Greenhalgh, T., Chowdhury, M. & Wood, G.W. (2005). Big is beautiful? A survey of the body image perception and its relation to health in British Bangladeshis with diabetes.

Psychology, Health and Medicine, 10 (2), 126-138. DOI: 10.1080/13548500412331334163

Grenz, S. (2005). Intersections of Sex and Power in Research on Prostitution: A Female Researcher Interviewing Male Heterosexual Clients. *Signs*, 30, 2091 – 1215. Cited in Das, C.

(2010). *Considering ethics and power relations in a qualitative study exploring experiences of divorce among British-Indian adult children*. Bielefeld: COMCAD. Retrieved from:

www.uni-bielefeld.de/.../workingpaper_76_Das.pdf

Guelinckx, I., Devlieger, R., Becker, K. & Vansant, G. (2008). Maternal obesity: pregnancy complications, gestational weight gain and nutrition. *Obesity Reviews*, 9, 140-150. DOI:

10.1111/j.1467-789X.2007.00464.x

Gunderson, E.P. & Abrams, B. (2000). Epidemiology of gestational weight gain and body weight changes after pregnancy. *Epidemiology Reviews*, 22 (2), 261-274. Retrieved from: <http://epirev.oxfordjournals.org/content/22/2/261.long>

Harris, H.E. & Ellison, G.T. (1997). Do the changes in energy balance that occur during pregnancy predispose parous women to obesity? *Nutrition Research Journal*, 10, 57-81. DOI:10.1079/NRR19970005

Harris, J.E., Gleason, P.M., Sheean, P.M., Boushey, C., Beto, J.A. & Bruemmer, B. (2009). An introduction to qualitative research for food and nutrition professionals. *Journal of the American Dietetic Association*, 109, 80-90. DOI: 10.1016/j.jada.2008.10.018

Hawkins, S.S., Lamb, K., Cole, T.J. & Law, C. (2008). Influence of moving to the UK on maternal health behaviours: prospective cohort study. *British Medical Journal*, 336 (7652), 1052-1055. DOI: 10.1136/bmj.39532.688877.25.

Headen, I.E., Davis, E.M., Mujahid, M.S. & Abrams, B. (2012). Racial-ethnic differences in pregnancy-related weight. *Advances in Nutrition: an international review journal*, 3, 83-94. Retrieved from: <http://advances.nutrition.org/content/3/1/83.full.pdf+html>

Heald, A.H., Cade, J., Cruikshank, J.K., Anderson, S., White, A. & Gibson, J.M. (2003). The influence of dietary intake on the insulin-like growth factor (IGF) system across three ethnic groups: a population-based study. *Public Health Nutrition*, 6 (2), 175-180. Cited in Higgins, V. (2008). *Ethnic differences in obesity, diet and physical activity- a literature review*. The University of Manchester. Retrieved from: <http://www.ccsr.ac.uk/publications/working/2008-17.pdf>

Heslehurst, N. Crowe, L. Robalino, S. McColl, E. Rankin, J. & Sniehotta, F. (Unpublished). A systematic review of interventions to change maternity healthcare professionals' behaviours to promote weight-related support for obese pregnant women. Retrieved from: http://www.crd.york.ac.uk/PROSPERO/display_record.asp?ID=CRD42013004409

Heslehurst, N., Rankin, J., Wilkinson, J.R., Summerbell, C.D. (2009). A nationally representative study of maternal obesity in England, UK: trends in incidence and demographic inequalities in 619323 births, 1989-2007. *International Journal of Obesity*, 34, 420-428. DOI:10.1038/ijo.2009.250

Higgins, V. (2008). *Ethnic differences in obesity, diet and physical activity- a literature review*. The University of Manchester. Retrieved from: <http://www.ccsr.ac.uk/publications/working/2008-17.pdf>

Hoare, J., Henderson, L., Bates, C.J., Prentice, A., Birch, M., Swan, G. & Farron, M. (2004). *The national diet and nutrition survey: adults aged 19-64 years: summary report*. National Statistics. London TSO. Retrieved from: <http://www.food.gov.uk/multimedia/pdfs/ndns5full.pdf>

Hongu, N., Kataura, M.P & Block, L.M. (2011). Behaviour change strategies for successful long-term weight loss: focusing on dietary and physical activity adherence, not weight loss. *Journal of Extension*, 49 (1). Retrieved from: <http://www.joe.org/joe/2011february/tt5.php>

Hurley, K.M., Caulfield, L.E., Sacco, L.M., Costigan, K.A. & Dipietro, J.A. (2005). Psychosocial influences in dietary patterns during pregnancy. *Journal of the American Dietetic Association*, 105, 963. Cited in Sarwer, D.B., Allison, K.C., Gibbons, L.M., Tuttleman Markowitz, J. & Nelson, D.B. (2006). Pregnancy and obesity: a review and agenda for future research. *Journal of Women's Health*, 15 (6), 720-733. Retrieved from: <http://www.ncbi.nlm.nih.gov/pubmed/16910904>

Institute of Medicine (2009). *Weight gain during pregnancy: re-examining the guidelines*. Retrieved from: <http://www.iom.edu/Reports/2009/Weight-Gain-During-Pregnancy-Reexamining-the-Guidelines.aspx>

Jamal, A. (1998). Food consumption among ethnic minorities: the case of British-Pakistanis in Bradford, UK. *British Journal of Food*, 100 (5), 221-227. DOI [10.1108/00070709810221436](https://doi.org/10.1108/00070709810221436)

Karlsen, S. & Nazroo, J.Y. (2010). Religion and ethnic differences in health surveys for England 1999 and 2004. *Ethnicity and Health*, 15 (6), 549-568. DOI: 10.1080/13557858.2010.497204

Kassam-Khamis, T., Judd, P.A. & Thomas, J.E. (2000). Frequency of consumption and nutrient composition of composite dishes commonly consumed in the UK by South Asian Muslims originating from Bangladesh, Pakistan and East Africa (Ismailis). *Journal of Human Nutrition and Dietetics*, 13, 185-196. DOI: 10.1046/j.1365-277x.2000.00230.x

Kennedy, L.A., Ubido, J., Elhassan, S., Price, A & Sephton, J. (1999). Dietetic helpers in the community: the Bolton Community Nutrition Assistants Project. *Journal of Human Nutrition and Dietetics*, 12, 501-512. DOI: 10.1046/j.1365-277x.1999.00202.x.

Khunti, K., Stone, M.A., Bankart, J., Sinfield, P.K., Talbot, D., Farooqi, A., & Davies, M.J. (2007). Physical activity and sedentary behaviours of South Asian and white European children in inner city secondary schools in the UK. *Family Practice*, 24 (3), 237-244. DOI: 10.1093/fampra/cmm013.

Kocturk, T.O. (2002). Food rules in the Koran. *Scandinavian Journal of Nutrition*, 46 (3), 137-139. Retrieved from: journals.sfu.ca/coaction/index.php/fnr/article/download/1451/1319

Landman, J. & Cruickshank, J.K. (2001). A review of ethnicity, health and nutrition-related diseases in relation to migration in the United Kingdom. *Public Health Nutrition*, 4 (2B), 647-657. DOI: 10.1079/PHN2001148

Lawton, J., Ahmad, N., Hanna, L., Douglas, M., Bains, H. & Hallowell, N. (2008). 'We should change ourselves, but we can't: accounts of food and eating practices amongst British Pakistanis and Indians with type 2 diabetes. *Ethnicity and Health*, 13 (4), 305-319. DOI: 10.1080/13557850701882910

Lawton, J., Ahmed, N., Hanna, L, Douglas, M. & Hallowell, N. (2006). Diabetes service provision: a qualitative study of the experiences and views of Pakistani and Indian patients with type 2 diabetes. *Diabetic Medicine*, 23, 1003-1007. DOI: 10.1111/J.1464-5491.2006.01922.x

Leung, G. & Stanner, S. (2011). Briefing Paper. Diets of minority ethnic groups in the UK: influence on chronic disease risk and implications for prevention. *Nutrition Bulletin*, 36, 161-198. DOI: 10.1111/j.1467-3010.2011.01889.x

Lewis, G. (2007). *The confidentiality enquiry into maternal and child health (CEMACH). Saving mothers' lives: reviewing maternal deaths to make motherhood safer- 2003-2005. The seventh report on confidential enquiries into maternal deaths in the United Kingdom.* London: CEMACH. Retrieved from: http://cemach.interface-test.com/getattachment/927cf18a-735a-47a0-9200-cdea103781c7/Saving-Mothers--Lives-2003-2005_full.aspx

Lewis, J. & Ritchie, J. (2003). Generalising from Qualitative Research. In Ritchie, J. & Lewis, J. (2003). *Qualitative Research in Practice: a guide for social science students and researchers* (pp. 264-286). London, United Kingdom: Sage. Retrieved from: http://mthoyibi.files.wordpress.com/2011/10/qualitative-research-practice_a-guide-for-social-science-students-and-researchers_jane-ritchie-and-jane-lewis-eds_20031.pdf

Linne, Y., Dye, L., Barkeling, B., & Rossner, S. (2004). Long-term weight development in women: A 15- year follow-up of the effects of pregnancy. *Obesity Research*, 12 (7), 1166-1178. DOI: 10.1038/oby.2004.146

Llacer, A., Zunzunegui, M.V., del Amo, J., Mazarrasa, L. & Bolumar, F. (2007). The contribution of gender perspective to the understanding of migrants' health. *Journal of epidemiology and community health*, 61 (suppl II), ii4- ii10. DOI: 10.1136/jech.2007.061770

Ludwig, A.F., Cox, P. & Ellahi, B. (2011). Social and cultural construction of obesity among Pakistani Muslim women in North West England. *Public Health Nutrition*, 14 (10), 1842-1850. DOI:10.1017/S1368980010003472. Retrieved from: http://chesterrep.openrepository.com/cdr/handle/10034/254093?mode=simple&submit_simple=Show+simple+item+record

Marmot, M., Allen., J., Goldblatt, P., Boyce, T., McNeish, D. Grady, M. & Geddes, I. (2010). *Fair Society, Health Lives: The Marmot Review. Strategic review of health inequalities in England post 2010*. Retrieved from: <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

Mays, N. & Pope, C. (2000). Qualitative research in health care: Assessing quality in qualitative research. *British Medical Journal*, 320, 50-52. Retrieved from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1117321/>

McLean, C.A. & Campbell, C.M. (2003). Locating research informants in a multi-ethnic community: ethnic identities, social networks and recruitment method. *Ethnicity*, 8 (1), 41-61. DOI: 10.1080/1355785032000107977

Mellin-Olsen, T. & Wandel, M. (2005). Changes in food habits among Pakistani immigrant women in Oslo, Norway. *Ethnicity and Health*, 10 (4), 311-339. DOI: 10.1080/13557850500145238

Moore, H., Adamson, A.J., Gill, T. & Waine, C. (2000). Nutrition and the health care agenda: a primary care perspective. *Family Practice*, 17 (2), 197-202. DOI: 10.1093/fampra/17.2.197

Mulvihill, C. and Quigley, R. (2003). *The management of obesity and overweight: an analysis of reviews of diet, physical activity and behavioural approaches. Evidence briefing.* (1st ed.). London, United Kingdom: Health Development Agency. Retrieved from: http://www.nice.org.uk/niceMedia/documents/obesity_evidence_briefing.pdf

National Institute for Clinical Excellence. (2006a). *NICE guidance CG43: Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children.* Retrieved from: <http://www.nice.org.uk/guidance/index.jsp?action=download&o=38241>

National Institute for Clinical Excellence. (2006b). *Promotion of breastfeeding initiation and duration: evidence into practice briefing.* Retrieved from: http://www.nice.org.uk/niceMedia/pdf/EAB_Breastfeeding_final_version.pdf

National Institute for Clinical Excellence. (2007). *NICE public health guidance 6: Behaviour Change.* Retrieved from: <http://www.nice.org.uk/ph6>

National Institute for Clinical Excellence. (2008). *NICE public health guidance 11: Maternal and child nutrition*. Retrieved from: <http://www.nice.org.uk/guidance/PH11>

National Institute for Clinical Excellence. (2010). *NICE public health guidance 27: Dietary interventions and physical activity interventions for weight management before, during and after pregnancy*. Retrieved from: <http://www.nice.org.uk/PH27>

National Institute for Clinical Excellence. (2011). *NICE public health guidance 35: Preventing type 2 diabetes- population and community interventions*. Retrieved from: <http://www.nice.org.uk/guidance/PH35>

National Institute for Clinical Excellence. (2013). *NICE public health guidance 46: Assessing body mass index and waist circumference thresholds for intervening to prevent ill health and premature death among adults from black, Asian and other minority ethnic groups in the UK*. Retrieved from: <http://guidance.nice.org.uk/PH46>

National Obesity Observatory. (2011). *Brief interventions for weight management*. Retrieved from: http://www.noo.org.uk/uploads/doc/vid_10702_BIV2.pdf

National Statistics. (2007). *Family Food 2005-6*. A national statistics publication by DEFRA. London, United Kingdom: The Stationery Office.

Nazroo, J.Y. (2003). The Structuring of ethnic inequalities in health: economic position, racial discrimination, and racism. *American Journal of Public Health*, 93 (2), 277-284. Retrieved from: <http://ajph.aphapublications.org/toc/ajph/93/2>

Netto, G., Bhopal, R., Lederle, N., Khatoon, J. & Jackson, A. (2010). How can health promotion interventions be adapted for minority ethnic communities? Five principles for guiding development of behavioural interventions. *Health Promotion International*, 25 (2), 248-257. DOI:10.1093/heapro/daq012

O'Connor, B. (2012). *Bolton's healthy weight strategy: setting out the vision to achieve a healthy weight for all in Bolton 2012-2017*. Retrieved from:
[http://www.boltonshealthmatters.org/sites/default/files/Bolton's%20Healthy%20Weight%20Strategy%20-%202012%20-2017%20\(2\)_0.pdf](http://www.boltonshealthmatters.org/sites/default/files/Bolton's%20Healthy%20Weight%20Strategy%20-%202012%20-2017%20(2)_0.pdf)

Ohlin, A. & Rossner, S. (1994). Trends in eating patterns, physical activity and socio-demographic factors in relation to post-partum body weight development. *British Journal of Nutrition*, 71, 457-470. DOI: <http://dx.doi.org/10.1079/BJN19940155>

Oken, E., Taveras, E.M., Popoola, F.A., Rich-Edwards, J.W. & Gillman, M.W. (2007). Tracking of food choices across the transition of motherhood. *Journal of Nutrition Education Behaviour*, 37, 129-136. DOI: 10.1016/S1499-4046(06)60267-4

Olsen, C.M. (2005). Television, walking and diet: associations with postpartum weight retention. *American Journal of Preventative Medicine*, 32 (4), 305-311. DOI: 10.1016/j.amepre.2006.11.012

Parsons, S., Godson, J.H., Williams, S.A. & Cade, J.E. (1999). Are there intergenerational differences in the diets of young children born to first- and second-generation Pakistani Muslims in Bradford, West Yorkshire, UK? *Journal of Human Nutrition and Dietetics*, 12, 113-122. DOI: 10.1046/j.1365-277x.1999.00142.x

Prosser, H. (2011). *'It seemed like the most natural thing to do, but it was such hard work'* Decision-making surrounding breast/bottle feeding among parents living in a deprived area where breastfeeding rates remain low. BSA Medical Sociology Group Annual Conference. Retrieved from: <http://usir.salford.ac.uk/17628/2/Medsoc2011HP.pdf>

Rifas-Shiman, S.L., Rich-Edwards, J.W., Willett, W.C., Kleinman, K.P., Oken, E. & Gillman, M.W. (2006). Changes in dietary intake from the first to the second trimester of pregnancy. *Paediatric and Perinatal Epidemiology*, 20, 35-42. DOI: [10.1111/j.1365-3016.2006.00691.x](https://doi.org/10.1111/j.1365-3016.2006.00691.x)

Riley, H. (2011). Weight management before during and after pregnancy- what are the 'rules'? *Nutrition Bulletin*, 36, 212-215. DOI: 10.1111/j.1467-3010.2011.01891.x

Royal College of Physicians. (2010). *The training of health professionals for prevention and treatment of overweight and obesity*. Retrieved from: http://www.rcplondon.ac.uk/sites/default/files/press_releases/2010/12/obesity-report-2010.pdf

Sarwer, D.B., Allison, K.C., Gibbons, L.M., Tuttmann Markowitz, J. & Nelson, D.B. (2006). Pregnancy and obesity: a review and agenda for future research. *Journal of Women's Health*, 15 (6), 720-733. Retrieved from: <http://www.ncbi.nlm.nih.gov/pubmed/16910904>

Shircore, R. (2009). *Guide for world class commissioners. Promoting health and well-being: reducing inequalities*. Royal Society for Public Health. Retrieved from: <http://www.rsph.org.uk/en/about-us/policy-and-projects/projects/commissioning-tool-for-health-promotion.cfm>

Smith, D & Lavender, T. (2011). The maternity experience for women with a body mass index of ≤ 30 kg/m²: a meta-synthesis. *BJOJ: An International Journal of Obstetrics and Gynaecology*, 118 (7), 779-789. DOI: 10.1111/j.1471-0528.2011.02924.x

Sproston, K. and Mindell, J. (2006). *Health Survey for England 2004: health of ethnic minorities*. London, United Kingdom: National Centre for Social Research. Retrieved from: <http://www.natcen.ac.uk/media/460320/c78191bb-1c0d-4e18-9eaf-db6b8035647d.pdf>

Stein, A. & Fairburn, C.G. (1996). Eating habits and attitudes in postpartum period. *Psychosomatic Medicine*, 58, 321-325. Retrieved from: <http://www.psychosomaticmedicine.org/content/58/4/321.full.pdf+html>

Swanton, K. & Frost, M. (2007). *Lightening the Load: Tackling overweight and obesity. A toolkit for developing local strategies to tackle overweight and obesity in children and adults*. National Heart Forum

Swanton, K. (2008). *Healthy Weight, Healthy Lives: A toolkit for developing local strategies*.

National Heart Forum. Retrieved from: <http://image.guardian.co.uk/sys-files/Society/documents/2008/10/07/heart.pdf>

Szczepura, A. (2005). Access to health care for ethnic minority populations. *Postgraduate Medicine*, 81, 141-147. DOI: 10.1136/pgmj.2004.026237

Szczepura, A. (2011). Nutrition in an ethnically diverse society: what are some of the key challenges? *Proceedings of the Nutrition Society*, 70, 252-262.

DOI:10.1017/S0029665111000085

The Lancet. (2011). Urgently needed: a framework convention for obesity control. *The Lancet Editorial*, 378, 741. Retrieved from:

<http://download.thelancet.com/pdfs/journals/lancet/PIIS0140673611613561.pdf>

Thomas, J. (2002). Nutrition Intervention in ethnic minority groups. *Proceedings of the Nutrition Society*, 61, 559-567. DOI:10.1079/PNS2002195

University of Chester. (2013). *Research governance handbook*. (Version 2.5). Retrieved from: https://ganymede2.chester.ac.uk/view.php?title_id=522471

Verbeke, W. & De Bourdeaudhuij, I. (2007). Dietary behaviour of pregnant versus non-pregnant women. *Appetite*, 48, 79-86. DOI: 10.1016/j.appet.2006.07.078

Vyas, A., Haidery, A.Z., Wiles, P.G., Gill, S., Roberts, C. & Cruickshank, J.K. (2003). A pilot randomized control trial in primary care to investigate and improve knowledge, awareness and self- management among South Asians with diabetes in Manchester. *Diabetic Medicine*, 20, 1022-1026. DOI: 10.1046/j.1464-5491.2003.01082.x

Wanless, D. (2004). *Securing good health for the whole population: final report*. HM Treasury

Warin, M., Turner, K., Moore, V. & Davies, M. (2008). Bodies, mothers and identities: rethinking obesity and the BMI. *Sociology of Health and Illness*, 30 (1), 97-111. DOI: 10.1111/j.1467-9566.2007.01029.x

Weir, Z., Bush, J., Robson, S.C., McParlin, C., Rankin, J., & Bell, R. (2010). Physical activity in pregnancy: a qualitative study of the beliefs of overweight and obese pregnant women. *BMC Pregnancy and Childbirth*, 10 (18), 1-7. DOI:10.1186/1471-2393-10-18

WHO expert consultation. (2004). Appropriate body mass index for Asian populations and its implications for policy and intervention strategies. *The Lancet*, 363, 157-163. Retrieved from: http://www.who.int/nutrition/publications/bmi_asia_strategies.pdf

Williamson, D., Madans, J., Pamuk, E., et al., (1994). A prospective study of childbearing and 10 year weight change in US white women 25–40 years of age. *International Journal of Obesity and Related Metabolic Disorders*, 18, 561–9. Cited in National Institute for Clinical Excellence. (2006). *NICE Guidance CG43: Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children*. Retrieved from: <http://www.nice.org.uk/guidance/index.jsp?action=download&o=38241>

Wyke, S. & Landman, J. (1997). Healthy eating? Diet and cuisine amongst Scottish South Asian people. *British Food Journal*, 99 (1), 27-34. DOI:10.1108/00070709710158852

Yu, C.K.H., Teoh, T.G. & Robinson, S. (2006). Obesity in pregnancy. *BJOG: An International Journal of Obstetrics and Gynaecology*, 113, 1117-1125. DOI: 10.1111/j.1471-0528.2006.00991.x

Zeh, P., Sandhu, H.K., Cannaby, A.M. & Sturt, J.A. (2012). The impact of culturally competent diabetes care interventions for improving diabetes-related outcomes in ethnic minority groups: a systematic review. *Diabetic Medicine*, 29, 1237-1252. DOI: 10.1111/j.1464-5491.2012.03701.x

Erm so my name is Kath Brignall and I am going to be the lead researcher and I will be doing the data analysis and everything from the study. Erm. I have already mentioned about the confidentiality side erm in terms of the actual interview as I say in the information that I sent out there is erm set questions that we will be looking it but erm it will kind of be led by yourself in terms of how you want to answer those is that ok?

That's fine

So that's kind of how we will be going about it.

Ok

Erm so there are different topics and different stages that I wanted to talk through erm and the first is just about your current lifestyle at the moment in terms of your diet and your exercise.

(Laughs)

Can you tell me a little bit about what that's like at the moment?

Erm my diets not changed too much and er I haven't managed to do any physical exercise like attending classes or anything like that because I don't get the time erm because I am breastfeeding at the moment and it's er difficult to get child care cos he's quite attached to me at the moment so he follows me everywhere I go so (smile) it's very hard for me to attend classes but I mean I am on the go all the time cos he's got he's walking now so I am running around after him all the time so I am getting my exercise that way doing the house work erm just generally going out shopping and things like that so that's the kind of exercise that I get.

So it's more like unstructured exercise that you would do as part of everyday life not necessarily attending a structured class or anything like that?

Yeah, but I did used to go to exercise classes before which I really enjoyed (laughs)

Yeah, so has it changed much since having children?

Er well I haven't been able to go but I really enjoyed yoga and pilates before so I would I like to get back to that once he is a little bit older.

Erm, and how do you feel about your weight at the moment?

Ok, er, I feel quite positive about my weight at the moment because I have actually lost weight er because I am breastfeeding, I think it is due to that and people have commented as well 'have you lost weight' so it's quite nice to get positive comments like that

So has your weight changed over time, have you found that?

My weight tends to fluctuates, er I tend to put it on and then it comes off and I think that's due to erm using contraception as well before I had him I was using contraceptions and I gained a lot of weight with that so I've decided not to use anything now these days- I am quite happy with my weight at the moment.

(Both laugh)

See what happens?

(Laughing) See what happens, yeah

So, have you noticed a change since having your child?

Yeah I have actually yeah (smile), I feel, I feel more confident in myself as well I have noticed that I fit into my clothes that I didn't used to fit into before so I am quite pleased about that as well

So it has added to your confidence a little bit?

Yeah! (Laugh)

Did you attempt to manage your weight before you had your child?

*I did try and manage it by erm trying to eat healthily and trying to get a balanced diet and er doing the exercise. I think that really helps to tone you up which is more what I am interested in rather than erm keeping the weight off, I would rather be toned up. Yeah. *Laughs**

Just moving onto kind of the next stage really it's just about the changes that you made during your pregnancy

Oh, ok

Erm, so thinking back to when you were pregnant, would you say that you made any changes to your diet and lifestyle because you were pregnant?

1 *Yeah, I did. I tried to eat healthily so I did a lot more reading about healthy eating and tried to*
2 *incorporate that into my diet. Er I went off er meat during my pregnancy so I didn't eat that much*
3 *meat which er is quite important in our diet we do eat quite a lot of meat as well*

4 ***Are there any other things that you changed diet wise or exercise wise?***

5 *Er, well I don't smoke, don't drink so nothing to worry about there and my exercise I just did a lot of*
6 *walking er which I think, I think that really helped- I didn't gain a lot of weight in my pregnancy which*
7 *is really good and people didn't even know I was pregnant until later on (laughs) but I don't really*
8 *show that much when I'm pregnant anyway so.*

9 ***Yeah, cos that was one of the other things I was going to ask really was how did you feel about the***
10 ***weight that you gained during your pregnancy?***

11 *I didn't I didn't actually gain a lot of weight so I was very happy with my weight*

12 ***Can you remember roughly how much it was that you gained?***

13 *Erm, I wouldn't say it was more than half a stone I don't think, yeah, and that's come off now so I am*
14 *quite pleased about that (laughs) yeah*

15 ***Erm so were you concerned about what you weighed during the pregnancy, was it something you***
16 ***were conscious of?***

17 *Yeah, I was actually cos er I, I know you do gain weight when you're pregnant er but with my other*
18 *one, I had a little boy ten years ago, I didn't put that much weight on but then I was worried cos*
19 *people say you know when you get pregnant again you might put on so much weight and it doesn't*
20 *come back off (laughs) so I was quite concerned but I did try to eat healthily and exercise to just try*
21 *and keep the weight down.*

22 ***So you were conscious of it?***

23 *Yeah*

24 ***Erm what were the reasons behind you making some of those changes that you mentioned? Was***
25 ***there anything in particular that you thought influenced that? Any reasons why?***

26 *Yeah, I think it is important for the mother to be healthy and it's important for the child to be healthy.*
27 *You want to give them the best start in life. So you have to incorporate changes into your lifestyle.*

28 ***Erm and were there any particular people or any information or any particular sources erm health***
29 ***wise or you know outside the health setting that influenced it at all?***

30 *Yeah, I have a lot of family and friends that give a lot of advice and erm I've got my mum living in*
31 *Rochdale so she used to tell me what you can eat and what you can't eat (laughs), my father as well.*
32 *They tell you what you can and can't eat in pregnancy so they used to keep an eye on me and also I*
33 *just... reading, I like reading so I do a lot of reading, books and on the internet and magazines, ah, I*
34 *used to buy magazines and just sort of keep up-to-date with what I can and can't have. Laughs*

35 ***Were there any changes that you considered or intended to make during your pregnancy which for***
36 ***whatever reason didn't end up making those changes?***

37 *Erm, pause, no I don't think so, no.*

38 ***Ok, that's fine. Pause. So then just moving onto the actual milk stage, erm the milk based so when***
39 ***your child was er taking the full er milk only diet erm. You mentioned before that you were still***
40 ***breastfeeding. Was that the choice that you made right from the beginning?***

41 *Yeah I wanted to exclusively breastfeed. I did that with my other little one and er there are a lot of*
42 *benefits from breastfeeding as well so I thought, I want to do the same for him as well so I hope to*
43 *breastfeed until the age of two at least and thats er Islamically as well, my religion, I am a Muslim so*
44 *we have to breastfeed until the age of two.*

45 ***How long did you breastfeed exclusively for? What was the time that you brought in foods? When***
46 ***did you start weaning?***

47 *Yeah, four and a half months I started him on foods. I know you're meant to wait until six months but*
48 *he was actually ready for for eating cos he was always hungry all the time and I did discuss that with*
49 *the Health Visitor as well and er she said that if you think he is ready to start then you can start him*
50 *and he took to it quite well so.*

51 ***So things are going alright with it?***

- 1 *Its fine and he enjoys our food now as well so he's interested in our food as well so he has that...*
 2 **And that's great as well when they start sometimes when they're not getting it easily it can make**
 3 **it a lot more difficult. Er Thinking back to during that stage were there any changes that you made**
 4 **during that stage specifically around your diet and lifestyle or anything that you were aware of?**
 5 *Ok, er people used to tell me about what kinds of foods so to eat to bring on the milk more. Erm so*
 6 *yeah er I used to eat a lot, I used to eat quite a lot actually, I used to get really hungry and er get*
 7 *really thirsty as well so I used to drink quite a lot as well and I suppose that's something to be*
 8 *concerned about because you might think that you're gonna put weight on but in breastfeeding I*
 9 *didn't actually put it on I think I actually lost weight (small laugh) so that was really good (big laugh)*
 10 **So was that the main reason for making some of those changes do you think?**
 11 *I think so yeah*
 12 **Yeah. And was there any specific influences on those changes at that time?**
 13 *Just family and friends really. I have got a lot of family and friends cos I work in the local community*
 14 *so there's always people around if you need any advice anything like that there's lots of people that*
 15 *you can contact. I am always in touch with my Health Visitor as well.*
 16 **Yeah. You mentioned about discussing things with her so was she quite important during that time**
 17 **aswell?**
 18 *Yeah, cos I had my other son ten years ago and this is like starting again, all over again so if i needed*
 19 *any help, advice or anything like that I was always welcome.*
 20 **Times change a lot don't they?**
 21 *Yeah they do yeah and then I used to come here to Crompton children's centre as well and attend*
 22 *baby club so there's always mothers there as well that you can speak to.*
 23 **Get information that you can share...**
 24 *Yeah!*
 25 **Pause**
 26 **What changes, where there any other changes during that time again that you considered but you**
 27 **didn't actually make?**
 28 *No I don't think so*
 29 **And, how did you feel about your weight during that time? Did it change much and were you**
 30 **concerned about anything?**
 31 *Erm I was a bit concerned in the beginning erm about taking you know taking the weight off but it*
 32 *actually just came off naturally and... it came off quite quickly actually. I thought I would have to*
 33 *wait like six months but it actually came off gradually and it er worked for me.*
 34 **Erm, so that's the milk-stage, so moving onto the weaning stage...**
 35 *Uh-hum*
 36 **Would you say that you made any changes during that particular time that were different to the**
 37 **other 2 stages either during pregnancy or during the milk based diet? During weaning did you**
 38 **notice or make any changes to your diet and lifestyle during that time?**
 39 *Erm just when I was making... well when he was on er solid foods just to make sure that it's not too*
 40 *spicy for him erm and just whatever he needs that's the most important thing really so it's like cut-*
 41 *cutting out salt in your diet as well and things like that which is good for me as well because I had*
 42 *high blood pressure in pregnancy so it was keeping an eye on that as well.*
 43 **Where there any erm specific changes that you made and what were the reasons for those**
 44 **changes? Some of those things that you mentioned...**
 45 *Erm*
 46 **Was there any specific foods or exercise or anything that decided to do?**
 47 *Erm I was still committed to continue the walking because I think that's really important cos i'm not,*
 48 *I'm not going to any classes or anything like that but I like to keep in shape so I continue walking with*
 49 *the pram as well (laughs) which helps to keep you toned up. Er*
 50 **And would you say there were any specific influences during that time the weaning stage?**

1 Just family friends again yeah (laughs). And I did attend a weaning session as well with Sure Start
 2 which I think is really important I think ev-every mother should attend that session so erm I attended
 3 2 weaning sessions just to make sure that I was on the right track and there's people there that you
 4 could speak to as well if you've got any concerns or anything like that so it's really good to have that
 5 information.

6 **Did you notice any transition, you know, in terms of your diet? Any specific changes in what you've**
 7 **been eating across the early motherhood and pregnancy stages other than anything we've**
 8 **mentioned?**

9 Erm I did go off some foods when I was expecting it was in the first three months its especially when
 10 you've got morning sickness you do tend to go off meats and things like that, tea I think, but other
 11 than that I didn't make too many changes and I didn't have any cravings or anything like that. I have
 12 never had cravings so... (laughs)

13 **Was there anything that like we said things that you intended to change but didn't but also is**
 14 **there anything that you came across and wondered whether you should be changing things but**
 15 **you didn't end up changing it for whatever reason?**

16 Er Just er trying to eat more healthilier sometimes when you're really tired or you know you're
 17 struggling on that day you just tend to eat whatever you can. Just trying to eat more healthier really.

18 **Erm did you notice any changes in your weight during the weaning stages?**

19 Erm I think it, it kept coming off because he was er still breastfeeding and he quite likes his breast
 20 milk as well so I think that's really helped. I haven't done anything majorly drastic like.

21 **So when you say a gradual change, so that's been since having the baby all the way through up till**
 22 **this point, there's been a gradual reduction continually over that stage?**

23 Yeah, yeah

24 **Erm we've just mentioned a little bit about some of the information sources that you er were given**
 25 **or that you came across er are there any specific examples that you've got about the information,**
 26 **the advice or the support that you have been given across pregnancy and er early motherhood as**
 27 **well?**

28 Yeah I used to speak to midwife, she was really friendly so if you had any concerns or anything like
 29 that when you go to your midwife appointment you know you could discuss anything with her if you
 30 needed any extra information you could get that from her as well

31 **And did she provide any information on diet, lifestyle, exercise?**

32 Yeah, I mean if you ask they give you that information which is really good or they point you to the
 33 source where you can get more information. I think that's really important.

34 **So, erm, how would you describe the information that was given- you know the format of it, was it**
 35 **in a discussion or...**

36 Yeah normally it's in a discussion and then if you want some extra information they tend to give out
 37 leaflets- which is really good I think.

38 **Did you prefer one above the other, the discussion or the leaflet or both?**

39 I like both, I liked both actually, yeah I like to discuss things and then get something down on paper
 40 as well and i'll do my own research as well if I need to on the internet or in the library- I use the
 41 library quite a lot as well and erm come into the health centre which is really important, er discussing
 42 it with your health visitor er even your GP aswell. You know if you've got any concerns you can go
 43 and discuss that with your GP so I was a bit concerned about my blood pressure as well so I used to
 44 go in for regular check-ups and my midwife used to check them as well.

45 **Was there any information that you specifically listened to and any information that you felt that**
 46 **wasn't right for you or that you would ignore for whatever reason?**

47 I think the information about blood pressure was really important to me cos erm i was quite
 48 conscious of my blood pressure so tried to keep my stress levels down and when I did notice it was
 49 going up I did try to calm down you know I think that's really important for the baby cos I don't want
 50 to put the baby at risk. Cos at one point I was really high and I had to go into hospital for monitoring
 51 so I was really concerned that day so I was like trying to really relax so I could go home (smile) to pick

- 1 my other child up from school so yeah it did come down afterwards so I was allowed to go home. Cos
2 in my other pregnancy I had preeclampsia so I had to go into hospital so I do have a problem in
3 pregnancy.
- 4 **Was there anything specific around you diet, your weight or exercise that you were given by you
5 know a health visitor, a midwife that you followed as a result of that?**
- 6 Yeah, I think concerning my blood pressure I used to try to eat foods that don't give you high blood
7 pressure so cutting out the salt and er trying to do a bit more exercise, trying to feel a bit more
8 calmer in myself. I am a counsellor anyway so I know how to manage that erm so yeah really i was
9 just concerned about my blood pressure so.
- 10 **And, how did you feel about the information about exercise erm during pregnancy and while you
11 breastfeeding? Was that helpful? Were you give much information?**
- 12 Yeah I was actually working throughout my pregnancy so I didn't have much time for exercise so I'm
13 going work throughout the day and then coming home at night it's like really tiring so I didn't get
14 chance to do much exercise but I try to incorporate walking into my lifestyle so that actually helped
15 to keep the blood pressure down cos I think when you're walking it is actually keeping it down. I did
16 try and do that.
- 17 **So did you find that the information you were given had an impact on you?**
- 18 Yeah definitely, I think er getting the right information is really important
- 19 **Was there any information that you didn't find useful or that was of the least use to you?**
- 20 No, I don't think so no.
- 21 **And do you think there is any information or advice and support that you weren't given that you
22 feel should have been made available during that time?**
- 23 No, I don't think so no.
- 24 **And did you feel you got most or all of your information that you put into practice from health
25 visitors, midwives, GPs**
- 26 Yeah
- 27 **And did you see that as being the most important information**
- 28 Yeah
- 29 **If there was anything missing you would research it yourself and speak to your midwife or health
30 visitor about that as well?**
- 31 Yeah. I think people are more likely to take on advice from a professional so if they give the right
32 information out you know people can incorporate that into their lifestyle which really important isn't
33 it? Cos you can get mixed messages from family and friends (laugh) you know they all have their
34 different pieces of advice and you don't know which one is right and which one is wrong.
- 35 **They mean well don't they?**
- 36 They do
- 37 **But like you say sometime it can be quite conflicting**
- 38 (Laughs) It can be quite confusing as well can't it so if you get from a professional then you know that
39 it's from the right source and you're on the right track then.
- 40 **So how easy did you feel it was to implement some of those changes?**
- 41 I think it was quite er reasonable because erm I am a professional myself so I know that you need to
42 take er ideas to on board and incorporate that into your lifestyle to to give the best start to your baby
43 really I think that's really important you should give the best start to your little one.
- 44 **Erm so just coming towards the end really it's just looking at er your understanding of some of the
45 recommendations that are out there are the moment. Are you aware of any general advice
46 regarding weight, what recommendations we would advise...**
- 47 Yeah I am (laughs) take exercise five times per week for half an hour each day. Erm
- 48 **Do you know what we would advise in terms of erm managing your weight in terms of what we
49 would be recommending it should be?**
- 50 Erm do you mean- what weight a person should be?
- 51 **Yeah, or what they should be aiming for roughly**

- 1 *Erm I'm not sure actually (laughs)*
 2 **That's fine don't worry**
 3 *I thought (laugh) it would be down to the individual but what do, what is it that you recommend?*
 4 **Well we tend to go off something called BMI**
 5 *Yeah yeah I know it has to be below 25 and I am just above 25 i'm 26 so I am aware of that and I*
 6 *want to try and do something about that actually cos I know there are a lot of health problems*
 7 *associated with that.*
 8 **And do you know roughly what your BMI was before you became pregnant?**
 9 *Er i think it was about 26, 26-27 I think it is.*
 10 **So you are round about back to where you were?**
 11 *Yeah, well I'm not sure what I am now but I am hoping to aim for that 25 (laughs)*
 12 **Erm and is there anything specific in terms of diet as well, just just general advice around diet that**
 13 **you're aware of? Any messages that you may have come across?**
 14 *I know that you're meant to eat fi- uh five fruit and veg a day which... I find it quite hard to do that*
 15 *actually but erm I do like my fruit and veg it's just actually putting that into your main meals isn't it?*
 16 *It's about thinking consciously about that isn't it? When you're busy as a mother er and running*
 17 *around you don't actually have time to think about all that but I know it's really important to do that.*
 18 **Er and you mentioned about the salt as well before**
 19 *Yeah cutting out the salt which I am aware of cos Ive got high blood pressure so I do try to not have*
 20 *salt and try and take less sugar as well cos I know that, that makes you put weight on as well doesn't*
 21 *it so it's cutting out the su-, can't cut it out completely cos (laughs) I like sugar in my tea but (laughs)*
 22 *just try to eat less sugar and salt.*
 23 **And is there anything specific that you were are aware of regarding your pregnancy and during**
 24 **breastfeeding, early motherhood that side. Was there any specific advice regarding your weight**
 25 **that you were aware of during that time? Do you know how much you should gain and that side of**
 26 **things?**
 27 *Er I had a rough idea but i'm not sure exactly what it should be (smiles). I think again that's down to*
 28 *the individual again isn't it*
 29 **Was there anything in terms of your diet specifically around that time that you were aware of?**
 30 *Yeah I know that you have to eat certain foods and try and cut out certain foods- you do try and do*
 31 *as much as you can but it's not always possible but you do as much as you can.*
 32 **Anything during breastfeeding that you were aware of?**
 33 *I know breastfeeding is best for your baby and er they really encourage that so I did... I did persevere*
 34 *with that I mean I know it's quite difficult in the beginning especially when the baby but he, he took*
 35 *to it quite well, he latched on really well and er I did have a few problems in the beginning you know*
 36 *with, you know, some of the (unsure of word) things like that but you just have to persevere and be*
 37 *strong and get on with it.*
 38 **It's worth it in the long run..**
 39 *It is because I, I know a lot of women do give up at that stage but I thought you know I'm, i'm not*
 40 *going to quit I'm going to carry on and breastfed my little one so...*
 41 **And any specific advice regarding the exercise side during pregnancy and early motherhood, was**
 42 **there any advice that you were aware of?**
 43 *Yeah, I know you are allowed to do light exercise aren't you? But erm as I said I was working full-time*
 44 *at the time so I didn't get time to do a lot of exercise but I did er do a lot of walking and er I think that*
 45 *that helped to keep my weight down as well*
 46 **Pause**
 47 **Just before we finish then, is there any other comments that you wish to make in terms of any of**
 48 **the things that we have discussed: weight, diet, lifestyle during any particular point or just in**
 49 **general?**
 50 *I think it's really important the, the study that you're doing because I know especially in South Asian*
 51 *origin the women do tend to put a lot of weight on cos I think it's all about education, they don't*

1 know what the right foods are and what exercise they should be doing and sometimes they're just,
2 just too busy doing the housework and things and family life gets in the way as well so they sort of
3 tend to just leave that to one side and they'll just say "i've got no time, i've got no time" but it's
4 actually erm educating them to say that it's really important for yourself and the baby.

5 **So do you think there's are a few things then to consider cos from what you have just said er**
6 **possibly then there's a knowledge side of things so may then we need to improve people's**
7 **understanding of different things they should be eating or exercise they should be doing so that's**
8 **one side of it maybe and the other side is around some of the challenges of actually putting that**
9 **into practice so the barriers to actually doing that. Like you say, time, sometimes cost and things**
10 **like that. Would you say that's right, are they the two sides that we possibly need to consider?**
11 **Improving knowledge on one side but how we can put those things into practice on the other?**

12 Yeah. I think language can be a barrier as well because a lot of the South Asian women don't
13 understand English so most of the information they get is in English isn't it so it's about you know
14 providing bi-lingual, multi-lingual workers er and having information that's in different languages. I
15 think that will be more accessible to them and then they'll understand it more as well.

16 **And would you say that's a general thing for people trying to manage their diet and their lifestyle**
17 **or do you think it is specific to during pregnancy or both?**

18 I think it's both actually but especially in pregnancy it's really important to give that advice out and
19 to actually keep the weight off as well because that's related to a lot of health problems and we do
20 have a lot of health problems in our community which I think people, especially professionally to be
21 made aware of and I think the study that you're doing is really important and I was really, when I got
22 the leaflet through the post, I thought I really wanted to take part in the study because it's really
23 important to help the community.

24 **Yeah, well like you say that's kind of where it came from really, is that we know that generally**
25 **South Asian women tend to have more children and that is a risk factor and then just generally the**
26 **ethnicity increases your risk of a lot of health conditions as well so in terms of risk factors there's a**
27 **lot more in South Asian population which is why from a service point of view why it's so important**
28 **for us to consider some of those issues and see if hopefully there is anything that we can try and do**
29 **to make it easier and move it forward a little bit.**

30 Yeah, we have like we have diabetes in my family as well, my father has diabetes and high blood
31 pressure so those were the two things I was concerned about when I was pregnant just to keep that
32 under control. Er and that's really important as well.

33 **Did you develop diabetes?**

34 I was alright. Yeah I was ok but I am always consciously aware of that as well, you know... my diet
35 and my exercise cos you know those conditions are hereditary aren't they so i'm always thinking
36 about that aswell.

37 **Is that something that concerns you as you get old and move forward?**

38 Yes, it does (laugh) because you recognise, they say that... you know, erm if your waist is, you know,
39 more than so many inches you're more likely to develop type 2 diabetes. That's what my father's got,
40 he developed type 2 diabetes after the age of 40 so I'm 36 now so i'm thinking (laughs) I need to start
41 making changes to my lifestyle. And I know the dangers of high blood pressure as well you're more
42 likely to have a stroke or heart attack. You know, you don't want to be suffering from those things,
43 especially when you have got young children so it's about looking after yourself there again.

44 **Thank you for your time and for coming.**

So, we've got Participant 1B. So if we can just to start, would you mind explaining what you believe to be a healthy diet, er, healthy weight, sorry?

Erm, at the moment?

Yeah

No

What do you believe to be a healthy weight?

What I believe (pause) after I've had my baby it's a completely different view of what a healthy weight is for me now, erm, before having the baby I would say it's how I looked which mattered to me, now, obviously with all these illnesses, scares, diabetes, cholesterol you're more concerned about the stomach area and looking at inches, erm, I'm not too (pause) concerned about weight, as in how much I weigh, it's, to me, at the moment it's all about le..., er, losing weight from the stomach area to reduce the risk factors

So it's more specific?

Yeah, the risks that I have with cholesterol, diabetes, whatever, etc it is.

But do you know of any ways that we could measure it?

Erm

That we could measure weight, what we could do?

No, to be honest, no, I wouldn't know what you could do actually, personally, the only way I do it is staying off the scales and using my measure tape to measure myself, erm, but that's how I do it, maybe that would be an idea?

Yeah

So, yeah

Very good. And could you explain what you believe to be a healthy weight gain during pregnancy?

Ooo completely opposite to what weight gain I had, I just started putting weight on as soon as I found out as I was pregnant, basically the day I found out I was pregnant I'd weighed myself and I was already... I'd already put 6 kilograms on and I was only 4 weeks pregnant at that time, 5 weeks pregnant, sorry. Personally everybody's an individual, everybody's different, I wouldn't know what a healthy weight is but it would be really good if somebody was out there telling you exactly what a healthy weight is, but like I mentioned before, everybody's an individual, nobody can tell you exactly what weight you should be but some kind of help just to let you know that that's a healthy weight, you don't need to eat anymore than this, you're baby's going to be fine, and this is what a healthy weight is, that would really, really help.

So you were never given any advice around that?

I was never given any kind of help whatsoever when it came to weight while I was pregnant.

So are you aware of any advice around weight during pregnancy?

Everytr... everytime I tried, erm, to ask for help, I was either given a number, given a leaflet, which never really helped me in any way, it wasn't, it wasn't specifically for a pregnant woman, so if I was to go to a Health Visitor or even a Midwife, I would be told 'oh, it's fine, it's fine' and rush you out because they have millions of women to see in that time scale, they don't have time to talk to you about weight, erm, healthy eating, weight, they're more concerned about the baby, is the baby fine, yes the baby's fine, off you go.

A lot of people have said that that the focus is more on the baby

Yeah, it's never on you, they never want, they never give you advice about what you should be doing, erm, so, yeah, that's what I'd say.

And how are you feeling about your weight at the moment?

Definitely not happy, I've always been very, very, sort-of-like, I mean as a kid, as a child I was a chubby child and when I was about 10/11, I know it seems quite young, but I did realise at a very young age that I was quite big and I'd lost all the weight in that time, at the moment it might seem ten year old, what would you know about weight, but because I was surrounded by people who were either diabetic, high cholesterol, heart problem, I straight away started losing weight and I did and from that day on 'till I was 30, I was one size which was 45 kilograms and I've never gone up, never

gone down, erm, always been healthy and as soon as I obviously had the baby, got pregnant, I put lots of weight on, even now I know I'm not heal... I'm not happy with my, erm, weight

Can you remember how much you gained during pregnancy?

I gained nearly four stones, which was obviously a lot of concern, which I spoke to the Doctor, cos the Doctor was the only person that was willing to help me while I was pregnant, erm, I was sent for some tests to see if the fluid was too high, erm, and maybe that could be a reason why I was putting so much weight on, even though my eating habits were exactly the same, erm, within that 9 month period, but, erm, the results came back and my fluid level was a little bit high but nothing compared to what other women have, so it wasn't the fact that the fluid had anything to do with it.

So would you mind saying roughly what you are now?

At the moment, I'm 59 kilograms, which to somebody would, might just seem perfect weight but because of my height, cos I'm, i'm only 5' 1" that still makes me overweight, erm...

And that's quite a difference from the 45...

And it's from 45 to 59 it's, it's a big, big leap within a 9 month, I mean a year, say a year, it, it's a lot of weight put on really quickly, erm, and the fact that I'm really struggling to lose it as well is another, something else.

So how have you found with it coming down since having the baby, has that been a gradual thing or...?

Weight wise, because I'm still breastfeeding, erm, and I'm only breastfeeding, erm, it's hard to sort-of, erm, the only thing I'm doing at the moment, I'll be honest is going to the gym, erm, ever... every day, 7 days a week, to the gym, every single day, diet-wise, heal... healthy eating-wise, I've always eaten healthy as soon as I had my baby, erm, all these mad times where I wanted to eat certain sugary food, it... it'd all gone by then, so I started eating healthy as soon as I had, er, my baby, but, er, I've noticed it's slowly coming off, very slowly coming off, but very, very, very slowly coming off.

So do you think that the breastfeeding is helping with that?

I think breastfeeding, you are automatically you want to eat because you are feeding your baby so you're eating little and often which is the right way but even sometimes when you've just had a meal, you feel like you should just have that extra something because you'll be feeding at night, so it's that, that extra something that personally I feel is probably stopping me from losing that little bit more weight that I could do if I wasn't breastfeeding. Erm, it's all my choice to breastfeed, it's not like oh I've got pressure on me to breastfeed, I feel like I'm doing the right thing for my baby but yes I do feel it's got a little bit it's got to do with the breastfeeding, yeah

So I know we've mentioned it a little bit but do you think there were any other influences on your weight during your pregnancy, or since having the baby?

The culture that I come from, I don't know whether I can put that in?

Yeah, definitely, that was going to be my next question (laughs).

Right, ok. It is, it's, it's known, erm, the Indian culture that I come from, automatically, you get, as soon as you get pregnant, there's, there's this pressure for you to look like a woman, erm, in my... say my Mum and Dad's days, a 30- year old woman would look like a 30-year old woman, nowadays, in our culture, they still want that, they don't want a 30-year old woman to be a size 6- they want her to look like a woman and you do get a lot of pressure from the family saying, erm, 'eat up, eat up, eat up, you don't look right, you're a woman now and you need to act like a woman, you need to look like a woman', there's so... there's pressure like that, which is... I've never listened to pressures like that, I never have, but for other people it could be, for me, yes it was there and, and, but it has never affected me, people haven't pressured me into eating a bit more to look like a woman, cos, erm it's not happened with me but, erm, it could be the foods that we eat while we're pregnant, the pressure of, you have to eat that to help you deliver the baby, erm, and it's, you do have a lot of pressure on that and even I was sort-of-like I had to take a step back on that one and I had to try it because of the pressure that was put onto me, erm, you automatically think well it's right for the baby and if they're saying it's right for the baby, they've had so many children, it must be right for the baby and you're always thinking about the baby, especially when you're pregnant, right now I think about myself as

well as the baby and then when I was pregnant, it was just about the baby and yes I did eat certain types of food that I would not in a million years even touch, touch it, or look at it but it's because of the fact that it helps the baby and to deliver the baby it's easy, you automatically believe 'em and you're quite vulnerable as well at that time, you listen to what people have got to say and whatever works is you're priority, you think 'right ok it works, let's do it', so, yes, culture has got a really big...

Influence

Yeah, influence on us Asian women trying to put, erm, for us to put weight on, yes, definitely.

I will touch on diet a little bit more if that's alright later on. Were you ever given any information, you mentioned leaflets before, about weight specifically from anybody?

No, I've asked for it, I've asked for diaries, I've asked for, erm, how much should I be eating, erm, it's always been 'oh, you're fine, your weight's fine, don't worry about it', that's exactly what I was told- I was never told anything else, erm. I think at the last stage, I think I was probably about, nearly full-term when I was really worried about my weight, cos it, I was still putting weight on, and I was eating just the same as I was throughout the pregnancy, erm, before and I was really, really concerned and I think I went to see somebody, I went to see a Health Visitor actually, erm, Midwife and that was, that was what she said to me 'you're weight's fine, yes you have put on a little bit more than the average, but because you were so small in the first place, you've put so much on', so that was what I'd got, I asked for a diary, if you could give me food diary, some types of food, which obviously I knew anyway the types of food I should be eating but I just wanted somebody else to just give me that...

Look it over for you

Yeah, look it over for me, but there was no such help, no

So does it worry if you if you were to have a future pregnancy, are you concern about weight?

Definitely, oh definitely, I'm not scared of the, the whole pregnancy, the whole labour, the whole delivery like other women would be, all I'm concerned about is my weight and I would so, I would love to go for other children but the only thing that would stop me is the weight gain and I can't, I can't bear to put that kind of weight on again, I just can't even think about it.

Yeah, cos that's the heard thing cos if people don't lose what they have put on and then they get pregnant again, the same thing happens

Yeah, the same thing happens and it doubles and I, I couldn't bear to, I don't think I could live carrying that much weight, to some people that might just be like, its weight, you know, but to me it just feels, it's my life, I need to be a certain weight to be happy, and, yeah, so future pregnancies would just be a no for me because of this reason

So in terms of like priorities, where would you have put weight as a priority during your pregnancy, you know, if you imagine a scale of 0-10, 0 being no priority and 10 being the top priority, where would you have put it during pregnancy and then now.

Ok, I'll be honest with ya, during pregnancy I would say 3, so not, not concerned that much, erm, as soon as I delivered the baby and I mean as soon as I delivered the baby I would probably say 10, straight away, I, as soon as I had the baby in my hand, I looked at myself and I just looked and I thought 'oh my God I still look like I'm 9 months pregnant, what has happened, I've not seen this on other women, why' and it was from day, second day.

Like you say, maybe that was because during pregnancy it was all about the baby and then it you start to look after yourself

Then you sort-of switch on and you think, 'oh my God, I'm still around, it's me as well' and, yeah, so it was from, straight away, as soon as and I would say 10, yeah

Brill! Erm, so then just moving onto the diet side, would you be able to explain what you believe to be a healthy diet?

Well, I mean, erm, it's, it's hard to sort-of explain a healthy diet, but as long as I'm not eating the fats and sugars, personally, I was thinking I was eating healthy, but what I was forgetting is, erm, all the dairy that I've been having as well, which is very high in calories, but to me, at that time, it was all about, it's good for me, it's good for the baby and I was eating a lot, well I was drinking a lot more

1 milk, way over my, erm, sort-of, it wasn't a 250ml glass that I was having, I was having a lot of milk, I
 2 couldn't even explain to ya how much milk I was having

3 **And was that a certain type of milk?**

4 Well, almond milk in the morning and that was something I was told by family and then just normal
 5 full-fat milk in the evenings, erm, and that is sort-of like double what I would normally have now, so I
 6 was thinking 'yes I'm eating healthy, I'm not having fats and sugars' but I used to crave every now
 7 and then a doughnut or something but it would be once a month. In the nine months I probably had
 8 about seven fats and sugar, fats and sugar, er, but to me I, I think I really overdid it with my dairy,
 9 erm, with my meat, red meat was sort-of given to my plate like that and it was like, my mum would
 10 literally make red meat and bring it all the way to my house and say 'right eat it while I'm here', and I
 11 just didn't get it.

12 **A lot of people say that**

13 Yeah, so, yeah, so it's things like that, which healthy yes, I mean, but the portion sizes were just
 14 ridiculous, they were wrong, they weren't the

15 **So it was a lot to do with that**

16 Yeah, the portion sizes were ridiculous

17 **And was, were you aware of anything specifically during pregnancy around food?**

18 Erm, what do you mean, do you mean...

19 **What you should and shouldn't have?**

20 Yeah, I mean initially when you get pregnant you're not bothered, you just got for it, you think 'right,
 21 I need to eat a little bit more, a little bit more', because that's what people are saying to you, you just
 22 got for it, erm, and you don't really look at food in, in the way that you used to, like 'oh, that's going
 23 over my portion' and all that doesn't really matter to ya, erm, so no, you don't really look at food in
 24 the same as you would normally look at it, you just have what you feel like having and what people
 25 are telling ya and people are always your family, it's not the Health Professionals, the biggest
 26 influence is your family, it's family that's telling you and you always believe your family and you see
 27 them having children and maybe them not having any weight on them, so you think 'oh, yeah, it's
 28 worked for them, it'll work for me' but you forget you're an individual, you're all different, so, yeah,
 29 the biggest influence would be your family, definitely.

30 **Erm, and how do you feel about your diet at the moment?**

31 At the moment my diet is reasonably good, erm, still having my Indian food without the oils and
 32 what, what I was normally having before I got pregnant, erm, maybe my dairy is still a little bit high
 33 but that's due to, erm, sort-of breastfeeding, feeling a bit weak, erm, and lack of vitamin D and lack
 34 of iron and all that, I've tried, I'm having some red meat which I wouldn't normally have, I'd probably
 35 have a chicken instead of red meat but lately I've been having some red meat, cooked in a healthy
 36 way, grilled, no oils used or anything but, yeah, so, I'd say it's healthy but some of the foods that I'm
 37 still having are something that I wouldn't have if I wasn't breastfeeding

38 **And is that similar to what your diet was like before?**

39 Yeah, I mean certain foods I would never have before I got pregnant, erm, so, yeah, it would be the
 40 same, yeah

41 **And how did you find like morning sickness and things during pregnancy, did that affect you at all?**

42 Erm, in fact it worked the other way, cos when I was sick, I wouldn't eat anything throughout the
 43 day, maybe eating everything after a certain time might have made things, maybe putting that
 44 weight on a little bit more, cos I was starving myself during the day because of the morning sickness
 45 and then as soon as lunchtime comes I was just trying to fit the breakfast in, the lunch in, the tea
 46 time in, and get it all in, so, yeah, maybe morning sickness...yeah, it was there and I did avoid a lot
 47 of... I did avoid eating in the mornings.

48 **Where there any specific foods that you avoided, that you went off or that you couldn't have?**

49 Erm, not that I can remember, I don't really think so, no, salad, I live on salad normally but while I
 50 was pregnant, It wasn't that I went off it, I did have a bit but I wasn't eating as much salad as I

1 normally would, I don't know why, I didn't go off it, cos I was still having it but not as much as I
 2 normally would have. I don't know why that was though.
 3 **Interesting isn't it. Erm, and what would you say were the biggest influences on your diet during**
 4 **pregnancy and then after you've had the baby?**
 5 Biggest influence, do you mean like family, or
 6 **Yeah, like those kind of things, yeah.**
 7 Family is definitely the biggest influence
 8 **Cos you mentioned, er, like a food cultural foods before, was there anything that were advised to**
 9 **have?**
 10 I mean not, it's not just advise, it's put it in your face (laugh), it was literally have it or, you know, so it
 11 was like oh, get on with it, and you just eat what's given to ya and it's ghee and stuff like that that
 12 you don't even look at before and they making something that's probably like a little square would
 13 be about 250 calories and I'm not even, I'm not even exaggerating on that, erm, and you're given
 14 chunks of that.
 15 **What is it called?**
 16 Maity (check spelling)
 17 **Yeah, someone's mentioned that before**
 18 Someone's mentioned it? And it's supposed to help your labour, how much it's true I don't know, I'll
 19 be, I'll be honest with you I did have a little bit but I didn't have as much as what my friends and
 20 other people have had, I have had a few bits here and a few bits there to keep everybody happy but
 21 I've not sat down with a box of Maity like my friends told me that they have, so yes it's all these
 22 foods, these cultural things that they have, that right, chicken, yes chicken's good for ya but the rate
 23 they give you the chicken it's like one after the other, it's, it's a chicken soup that they make, erm,
 24 just before you're having this baby and it's full of goodness apparently, erm, and they just give you
 25 one after another, one after another, and gur, I don't know if you've heard, you know, Kathryn, erm,
 26 gur
 27 **Yeah**
 28 Yeah, they use that in, they make you drinks and they put that in and that is really, it's sugar
 29 basically, and they just use that say like four weeks before you gonna have the baby and you're
 30 having it four weeks before you're havin' the baby and a good six week after you've had the baby,
 31 and apparently it cleanses whatever.
 32 **Some people have said they have fennel in it.**
 33 Fennel seeds as well, in it, yeah, so they boil fennel seeds in it and that, that's what you'd be having
 34 **Yeah, it's like detoxifying or something**
 35 Detoxifying, yeah, but it's, it, the, it's not the fennel seeds, cos I've had fennel seeds, I'm still having
 36 fennel seeds cos it's good for your breastfeeding as well but I just had it like raw, I just put it in my
 37 mouth, it's using the gur and using the sugar on top and if I show you a block of gur, it'd be a block
 38 **Lovely**
 39 Yeah, and that, you'd have that much of fennel seeds (demonstrates a small pinch) so you're having
 40 more sugar than you're having fennel, so it's just our cultural believe, it, it, the beliefs that we've got
 41 that this helps, that helps, it's all wrong and it really needs to be sort-of changed.
 42 **It's interesting to hear some of those myths though and some people have said like, like we have**
 43 **mentioned before, that they felt quite vulnerable because it was their first child and they've all**
 44 **had children and that they've seen that and thought well it's worth a go**
 45 Exactly
 46 **But then a few people have said that they might not do that with the second, do you feel that?**
 47 I definitely would not do that with my second, definitely, erm, I'd still continue with the fennel seeds
 48 the way I have it, erm, cos I do, I have seen it help, I've seen it help me with the breastfeeding, I'm not
 49 too sure whether I'd have it before the pregnancy, I'm not sure about that, but I would definitely not
 50 touch the other things I was given, not Maity, there's another thing called hout (check spelling),

1 which is ginger powder, they've used ginger powder, it's a very similar thing but with ginger powder,
2 erm.

3 **Something, I can't remember what it was called but someone mentioned something for their back,**
4 **something that was supposed to help for their back or something.**

5 Yeah

6 **I can't remember what it was called.**

7 There's another thing called ger (check spelling), and I'm not too sure how they make that I know
8 there's ghee used in it, but I don't actually know what that is, I'd have to look up, look, I'd have to
9 find, see I don't even know what some of the things are, but you're having it (laughs), so it's things
10 like... before pregnancy you would never let someone give you something to eat which you don't
11 know what it is, but you're such a vulnerable stage where you, you just believe anything anybody
12 says to ya

13 **And then when you've gone through that experience you know**

14 You know for the second time if ever it was to happen, I would definitely not and the fact that, I don't
15 know, I'm probably going off what you're asking me, but physical activity as well during your
16 pregnancy, if you were to do something physical, erm, for instance even a yoga class at home would
17 be not right in the eyes of like our parents, it'd be like 'what are you doing, that's not the right
18 position to sit in, that's not helping the baby' so you'd get all that from them, so you automatically
19 sort-of reduce your physical activity while you're in the house, you're still up and about while you're
20 away from home, erm, it was something that I was actually asking my husband yesterday, 'how
21 physically active was I while I was pregnant, be brutally honest with me?' and he found that I was
22 very, very active if my in-laws weren't around and as soon as my in-laws were around I'd sit down, so
23 I don't get the...

24 **Moaned at**

25 Yeah, moaned at, so maybe...

26 **There is that as well. Yeah, there is a difference with it. Were there any other influences do you**
27 **think?**

28 Erm, another thing would be looking at other people that have had babies, you automatically look at
29 people around you, friends, family, you don't look at the size, you always look, 'she looks slim, she's
30 had three babies, she's had a baby', you automatically forget you're not a tall, you're not very tall,
31 the person you're looking at is a 5 foot 7 woman who obviously is carrying the weight very well, so
32 you, you don't look at it like that, you just look at 'em and you think, 'right she had maity, she was
33 fine, right, ok', it's not just the maity, it's anything- less active as well, if your less active you think
34 'she was, she sat for 9 months and she never moved and she's fine', so you look at other people I
35 think, especially people that are close you ya, friends, family and you think 'ok, they're fine'

36 **But you felt that even if you were advised to have these things that to a point you can not have**
37 **them if you wanted to?**

38 Not have them, yeah, yeah, if I wanted to

39 **There wasn't too much pressure that you definitely had to?**

40 No, no, no, not at all, I mean it was there is your face it's not like it was forced inside, it's just that
41 you're at that stage where you think 'right whatever helps give it to me'.

42 **Yeah. How did you find, I don't know whether you experienced this but one lady was saying as well**
43 **that, erm, she had to, she couldn't go in the kitchen for like 2 weeks or something, she had to be...**

44 Oh, that must be a cultural thing, that doesn't apply in ours, no, I know where that's coming from,
45 it's a different culture, where you can't go in the kitchen once you've had a, yeah

46 **She found that difficult, that she was relying on other people to bring her food**

47 No, no, mine was like, I mean like anybody who would have a baby, you're looked after once you've
48 had a baby automatically by your husband, by your Mum, it's just, you don't have to be a certain
49 culture or a certain... but no, I was back in the, back to what I would normally be doing straight
50 away, I mean I was looking after my baby straight away, I didn't have help, like, erm, I speak to
51 friends and family and they always had somebody there giving the baby, waking up at night because

1 she was a breastfed baby, I woke up throughout the night, I did all the chores, everything, I wouldn't
2 say that was physical activity but I kept myself busy.

3 **And did you ever receive any information about your diet, did anyone ever give you anything?**

4 I asked for a lot of information while I was pregnant and I was given numbers to ring and they were
5 mainly Health Visitors, erm, but to ask for information, it, it was, it was very, very... they don't have
6 anything specific to give you, they don't have anything written to give you, they do verbally tell you,
7 erm 'oh that's fine, yes' so I'll tell 'em what I had during the day and I actually spoke to a lady on the
8 phone once and she just asked me 'so, ok what are your concerns?' and I said 'I'm putting a lot of
9 weight on and in a week I've put on like, some... it was something ridiculous like 11/12 pounds',
10 which to me is like, that is wrong, erm, so she said 'well it's very normal' but I just didn't know how I
11 was putting this weight on, if the food I'm eating is exactly the same as the, what I was eating and I
12 just gave her a, she didn't even ask me for a week, she just asked for a days, sort-of like what have
13 you had and I told her and she said 'that's normal, that's perfect diet, you know, I don't know what
14 you're complaining about, I don't know what you're moaning about, counting up your calories, it's
15 exactly what you should be having, you're not having anything more, you're not having... so there
16 was a bit of help but there wasn't anything where I could actually go, like a session that I could go to,
17 I mean there's other session like breathing techniques and de-de-de, de-de-de, there should be
18 something for pregnant women and just to do with the woman itself and not the baby, the diet, what
19 physical activities you can do, you're allowed to do and what you should be doing, there should be
20 something like that.

21 **That's one of the things that I was going to ask, what services you think should be available, would
22 that have helped you?**

23 Oh my God, with passion, I would say...

24 **Cos that's something that needs reviewing because there is a gap there**

25 Yes, major gap and there's other things for the child, helping the child, but there's nothing with
26 helping the mother as well and...

27 **So do you think that would be better during pregnancy, or after you've had the baby?**

28 I would say both, during pregnancy is obviously the main time where you could control gaining that
29 weight then once you've had your baby you're a bit sort-of, em, you're heads not in the right place,
30 you don't know what you're doing you need a lot of help and to have that kind of help coming to ya

31 **And support as well**

32 And support, somebody encouraging you, I'll tell you, I started eating healthy straight away but it
33 took me a good 5 or 6 month before I actually felt like 'ok, it's happening', so just somebody helping
34 you, telling you it's going to happen, it takes time and sort-of help you with, erm, telling you what to
35 eat, physical activity, just everything that needs to be told really.

36 **And the just in terms of your diet, thinking about the priorities again, where would you have put
37 diet in terms of priorities during pregnancy and then now, on that 1 to 10**

38 Diet itself probably, pregnancy, (pause) I'm, you're concerned about the baby so you are eating a
39 good healthy diet, I'd probably say about 8, I'd be sort-of eight-ish that my diets right, now I'd
40 probably say a bit higher than that, I don't mean to sound like I didn't care about the baby and that
41 I'm caring about myself more but now that I know that my babies fine...

42 **You can relax a little bit**

43 I can relax a little bit and I feel like diet is like a ten now, because right, babies fine, I need to sort
44 myself out, so it's priority 10, so that's how I feel without feeling bad (laughs), yeah

45 **So then in terms of physical activity, are you aware of what you should be doing in terms of
46 physical activity, how much you should be doing?**

47 To be honest, I've not been told by anyone what I should be doing, erm, the only thing I was told was
48 not do any exercise for the next 6 weeks, erm, once you've had the baby but after that it's like, fend
49 for yourself, so I joined the gyms, so I think after two months after I had the baby, and a lot of things I
50 was told not to do cos I had the baby, so yes at the gym they told me what I can do and what I can't
51 do, I specifically went to a gym where it was women only and they've worked with pregnant women

in the past, so they told me but I was paying them money to tell me, erm, so no, nothing was ever mentioned, I have asked my Health Visitor 'can I start doing sit-ups, cos obviously something that I heard that you shouldn't be doing sit-ups and it wasn't until at least two months that she said 'oh, yeah, you're fine, you should have started doing 'em in the six weeks period because you're, you had a healthy delivery, so' but then I thought I was told not to do anything and you feel a bit like 'damn, I just wasted two months of my time when I could have been... and that's the time when it's gonna work quicker and you're muscles are gonna sort-of work much harder and

Recover

Recover quicker

Sooner

Yeah, and I felt like I was a bit let down on that one, erm, I felt like two months... I'd just wasted 'em.

And how are you feeling about physical activity at the moment, you mentioned going to the gym?

At the moment, I'm fine, to be honest with you, the first few weeks took a while for me to sort-of like adapt to everything, erm, tired, was very, very, very tired once I'd got back from the gym, er, now fingers crossed, I go every, er, everyday, at least an hour and a half, I put a class in there as well, a yoga class, every other day, so, no, I love it, I feel much better after

And it gives you that space as well

Away from the family and the baby for a bit, just cos...

To clear your head a bit

To clear my head, I, I think it does help and, but, yeah, physical activity now I'm, I'm really enjoying it and it's definitely made me feel a lot better, er, mentally than it has done throughout the full, I'd say year and a half, pregnant and after the baby and erm

And has that changed since before you became pregnant?

Erm, in terms of physical activity?

How much you're doing?

Oh, yes I'm doing a lot more than I did, definitely, erm, normally, before pregnancy I would probably go to the gym twice a week, now I'm going every day, erm, maybe for selfish reasons, to lose weight, because, erm, before pregnancy, I didn't have weight to lose, I was just going to tone myself and look, feel better, erm, now I've got the more, even more reason to go, nearly every day, so.

So did you manage to do any physical activity during pregnancy?

I did, well I don't know if you'd class it as physical activity but I did do yoga classes, erm, which I think helped the delivery of the baby but I'm not too sure whether it was the only thing that I should have done while I was pregnant, there's other things that I could have done, which I didn't do.

Where you concerned about doing it, from the babies point of view?

Yes, yes, oh, yeah, definitely, the reason why I stopped going to the gym twice a week, which now I know that I could have continued, but nobody told me that then and I didn't ask for the help then an... an... anyway but I could've continued with what I was doing but because you're so scared about losing the baby, there's always this, somebody's always telling ya about losing the baby, oh...

It's gonna harm the baby

Yeah, it's gonna harm the baby and you could lose the baby

You don't want to be seen to be a bad mum

And you just don't want to be seen to be a bad mum, yeah, so you think right I'm pregnant, no risk to the baby therefore, stop gym and even family they tell you 'right you can't do that any more, oh you can't run like that any more, you're pregnant', so you think 'oh, right, you can't run, you can't walk, you can't... you're probably just better off just sitting then to protect the baby'

So would you say that family and friends were the biggest influence again on your physical activity?

Yeah, definitely, and obviously you can't just blame the family and friends, you've got to think there wasn't any information for you and you didn't actually go out there looking for the information it wasn't there for you and I didn't really look for it. Personally, I think it should be here for you, just like you get every other information

1 **Cos people do worry about things like that, so**

2 *Of course, yeah, so I think it should be there, things like, I was actually looking at my folder*
 3 *yesterday, my pregnancy folder and I had, er, a leaflet about seats, car seats, I don't really need that*
 4 *then, I need things like physical activity, healthy eating, than what car seat I should be having for my*
 5 *baby, cos that's not until 9 months, things like that.*

6 **And did you ever get information about physical activity during pregnancy?**

7 *No, no*

8 **Were you ever advised about pelvic floor exercises?**

9 *Yeah, pelvic floor, I was, yeah, yeah, I was advised with that after actually, it was something I asked*
 10 *somebody and they said 'yeah, you can start doing it now', I wasn't told that I should be doing it*
 11 *while I was pregnant as well, no, but I was advised once I'd had the baby to keep doing that, yeah,*
 12 *yeah*

13 **And again in terms of priorities, where would you put physical activity?**

14 *Right now?*

15 **Before and after, well during your pregnancy and after?**

16 *Well during my pregnancy, 5, now somewhere between 9 and 10, yeah*

17 **So are there any physical activities that you enjoy?**

18 *To be honest at the moment I'm enjoying everything that I'm doing, erm, it, it's a sort-of a different*
 19 *gym that I go to, it's erm, you only stay on one machine for ten minutes and you go in a cycle, so*
 20 *you're doing everything in an hour, and because I don't get bored cos I'm not on it for too long, I'm*
 21 *enjoying it a lot more and there's music to sort-of like, it's specific music to... sort-of-like if you're on*
 22 *a sor... cyc... bicycle, it's a faster pace music, if you're on something else... so it's sort-of like it's quite*
 23 *specific for you, this gym that I go to and maybe that's the reason why I'm enjoying absolutely*
 24 *everything I'm doing at the moment, erm, which is brill cos it's get me out of bed to go to the gym*
 25 *(laughs), so, yeah*

26 **Very good, so then just thinking about like what motivates you and what might stop you, in terms**
 27 **of your weight, is there anything that motivates you to lose weight and is there anything that**
 28 **might stop you from losing weight?**

29 *Personally, I'd say when you go on the scales and when you look at the inches and you see a bit of*
 30 *loss, that automatically, even if it's half an inch, you automatically just snap out of it and you go right*
 31 *that's it, I'm losing it, but the first few months when I wasn't losing it I still continued sort-of like*
 32 *feeling sorry for myself, maybe having that extra glass of whatever, now because I'm seeing a bit of*
 33 *difference, I mean very slowly but there's something coming off and I can see it in inches, I'm more*
 34 *likely to carry on, weight-wise, I, inches make a lot more difference to me than lookin' at it on the*
 35 *scales, erm, so, yes*

36 **Is there anything that might stop you, do you think?**

37 *Stop me, is if the inches stop, so as I put all my effort in and if, if I don't see any sort-of difference,*
 38 *that would probably, I wouldn't say I'd stop but that might make me take a step back, erm, depends*
 39 *on, erm, sort-of-like, obviously I've got a baby to look after and if I think that there's, er, the baby*
 40 *needs me a little bit more, because of whatever reason, it could be illness, it could be anything, then*
 41 *that would stop my physical activity and that would probably stop the way that I'm eating right now*
 42 *cos everything's quite organised and I know exactly what I'm having in four days time*

43 **You do sound really organised**

44 *Yeah*

45 **Is that something that you think is helpful...**

46 *Definitely*

47 **To enable you to do all those things?**

48 *Definitely, I am so organised, I've never been so organised in my life (laughs) if it continues. And I'm*
 49 *doing it for the baby and for myself as well. I needed to get some organisation into my life after the*
 50 *baby*

1 **And again, is there anything that would help you to have a healthy diet or stop you having a**
 2 **healthy diet?**
 3 *I mean there wouldn't be anything that would stop me from having a healthy diet, that's something*
 4 *that...*
 5 **It sounds like that kind of your food preference anyway**
 6 *Yeah, something I prefer anyway, I mean the foods I was eating when I was pregnant was something*
 7 *that my Mum and Dad prefer, erm, it's their... it's way they were brought up and that kind of food,*
 8 *I've been brought up in a way were I eat healthy and this is how I eat so no, nothing would stop me*
 9 *from eating healthy, erm, as far as eating a little bit more healthy and if I see them inches coming of,*
 10 *that maybe...*
 11 **So losing the weight would motivate you?**
 12 *Yeah, losing the weight would motivate me, probably, yeah*
 13 **And the same for physical activity?**
 14 *Yeah, exactly the same, yeah*
 15 **And are there any other things that you think might stop you, in a general sense, other than like**
 16 **the baby needing you?**
 17 *Erm, I mean, I've not got long to go until I start work again, so organisation again would be a lot*
 18 *harder than it is right now, cos I've...*
 19 **So like time**
 20 *Time, would be a big thing, erm, cos I will be running about, I will be... so time definitely*
 21 **Would be...**
 22 *Would be a major...*
 23 **Consideration**
 24 *Consideration, yeah, definitely, to be honest, it's not until now, you've asked me the question that I'm*
 25 *thinking this, but, yeah*
 26 **Cos that's the thing cos you establish a routine and then some people who returned to work have**
 27 **then said that they've got to establish a new one...**
 28 *Exactly*
 29 **So it's not that... it's, it's just having to re-establish that routine in a different way...**
 30 *Yeah*
 31 **That takes a bit of time but sometimes they find that's needed**
 32 *Yeah, I am aware that it's going to change but it's that time, yeah*
 33 **It's just planning for it a little bit, isn't it?**
 34 *Planning, yeah, yeah, yeah, it's interesting that you asked me that question.*
 35 **One thing that I didn't ask was if there was any cultural things that affected physical activity, at**
 36 **all?**
 37 *Cultural thing would be like... when we're pregnant Asian, I can speak for all the Asian girls actually,*
 38 *and it, it's not... when you carry the... a baby and you're big, you're big in a certain way, you're*
 39 *stomachs out, in our culture, it's wrong to be, it's wrong to show your bump, you suppose to cover it*
 40 *at all times, er, so going out would be like 'oops, what is she doing outside? She should be inside the*
 41 *house covering her bump'. I worked up until sort-of February, which was like a couple of months so I*
 42 *was quite big and I was walking around but that's the way I've been brought up, in a different way,*
 43 *erm, but, yes from my in-laws side I did have that were I had to cover my stomach so actually going*
 44 *out and doing some physical activity would be a no-no cos you're not covering yourself and you're*
 45 *out on your own, you can't do that, so, maybe that could be, cos a lot of my friends have mentioned*
 46 *this, erm, and how it affected them, I wouldn't say it affected me in that way but I must say that if I*
 47 *did see an elder Asian man and I was uncovered as my bump was showing, I would sort-of...*
 48 **Be conscious of it**
 49 *Be conscious of it and probably hide away, so, yes, it was at the back of my head but it didn't affect*
 50 *me in that way that it stopped me from being physically active, no.*

And then just finally, I mean we've talked and mentioned it anyway about what support you feel should be on offer in terms of like groups and services and things, do you think there is anything else that you think would have helped?

Erm, even if there's no groups or sessions or something even if you're Midwife has that extra five minutes with ya, to just talk to ya about food, instead of rushing you out. Everytime I have been in, I've felt like I've been rushed out, erm, so I mean a session would definitely help but if there wasn't a session...

Just some support?

Some, a Midwife being able to... and then... I know it might sound like, there's only so much a Midwife can do and healthy eating is a different, erm, topic altogether but some, some, some help would be definitely good, but I think session is definitely what would have helped, definitely

And the is there anything that we haven't mentioned that you wanted to raise?

It's, er, classes, exercise classes, pregnancy they do do it in hospitals, they, they charge you £5.50 for every session and the session is only half an hour

That's quite a lot

Yeah, and, so, something that should be looked at it, it's a lot of money when they're asking for that kind of money, erm, but then they do it in private places which is even more money, and to get into a hospital class, you, you have to be three years in advance you'd have to plan your pregnancy to book in.

So there's a long waiting list (laugh)?

And by the time you've got your name on the 9 month have gone and you've got your baby, erm, every time I tried to get onto one, cos I was working at the same time, it didn't fit with my working times and they didn't have any availability on other days, so maybe the classes should be free, if not cheaper and at least have a bit more...

Availability

Yeah, so people that are working could get to it

Cos did you find that like with exercise classes, cos not many, or I've not found many that are focused on pregnancy or like post-natal?

No, I think there was two classes running on like one day

Which is quite limited!

And then how many pregnant women do you see? So, there's definitely a demand for it, er, and it sho... I personally believe there definitely should be something like that.

Brill, right thank you very much

No problem

1 **Thank you very much for coming doing the interview with me erm I have sent you the Participant**
 2 **Information Sheet and you're happy with everything that's in there**
 3 *Yes I am*
 4 **Er just to explain how I am going to work the interview erm I am just going to split it into three**
 5 **broad categories initially focusing on weight and then diet and then physical activity and we will**
 6 **just explore within that what your experiences and views were at that time across your pregnancy**
 7 **and then during early motherhood erm**
 8 *Ok*
 9 **Up to the weaning stages which is where you're at, at the moment. Is that alright? Erm There are**
 10 **set questions that I will go off but the majority will be kind of tailored based on your responses so**
 11 **we'll kind of work with what you say. Is that alright with you?**
 12 *That's fine*
 13 **Brilliant! Erm so just starting off erm from the weight point of view would you be able to explain**
 14 **what you believe to be a healthy weight?**
 15 *What I believe to be a healthy weight in terms of my er my... er do you want er...*
 16 **Just in general. What would you say is...**
 17 *What is a healthy weight? (Pause) For myself?*
 18 **Just in general. Do you have any idea what bench marks we might work off or anything?**
 19 *(Pause)*
 20 **So like from our point of view we might use erm like, BMI...**
 21 *Yes, I was thi... yeah I was thinking about that- looking at the BMI erm that could be one indicator*
 22 *erm phys... looking at some... you know visually looking at somebody and judging, looking at their*
 23 *height erm*
 24 **Are you aware what somebody's BMI should be?**
 25 *No, no I'm not. I think when I had mine done it was 25 and I think that was ok-ish from what I*
 26 *remember erm... is that ok?*
 27 **Yeah that's fine don't worry. Like I say we are just trying to get a picture really of... from your**
 28 **point of view erm.**
 29 *Looking at height and looking at a person erm and their weight, a healthy weight, looking at the...*
 30 *looking at them physically- I think that gives you an indication of, you know, what their weight could*
 31 *be.*
 32 **Er did you have any idea what a healthy weight gain was during pregnancy?**
 33 *Erm not really...*
 34 **And are you aware of any specific advice about weight management generally?**
 35 *Yes, I think because I have had other births I kind of didn't look... think about it too much I just, I just*
 36 *played it by ear really and thought... didn't think too much about it.*
 37 **Are you aware of anything specific during the pregnancy stages any specific idea about weight**
 38 **management during that time?**
 39 *Erm... (pause) I was aware of... healt...thinking about being more healthy with my eating, you know,*
 40 *eating more healthy food rather than weight really, trying to focus on having the healthy foods.*
 41 **How do you feel about your weight at the moment?**
 42 *Erm I feel as though I am overweight erm after my preg... during my pregnancy I probably put on*
 43 *quite a few pounds and now, and now I've had baby erm... eight months on I think there are certain*
 44 *areas of my body where I need to lose weight.*
 45 **Do you think that's as a result of the pregnancy directly?**
 46 *Yes, yeah, yeah.*
 47 **Can you remember what your weight was like before you had your child?**
 48 *Erm...it was... do you want in figures?*
 49 **Just kind of a rough guide but if you have any figures...**
 50 *I was about 9 stone (cough) excuse me (cough) about, about 9 stone*
 51 **So does that differ much from where you are at the moment?**

- 1 *Yeah. I am probably about 9 stone 10 now so I've got 10lbs extra since, since i've delivered.*
 2 ***Did you experience any changes in your weight across pregnancy? Obviously, I know we gain er***
 3 ***but as well during early mother hood compared to before?***
 4 *Yes, I did and the way I thought about it because my age erm I'm over 40, I, I think, I, I feel and I think*
 5 *that it's harder plus it's not my first pregnancy it's my fifth pregnancy and obviously with each one I*
 6 *have put a bit on and it's kind of settled in a particular area around my stomach and my hips and I've*
 7 *never been able to lose that. I think now that I have reached a certain age, it's harder to lose the*
 8 *weight than it was for me when I was maybe in my twenties or early thirties.*
 9 ***How do feel about the weight that you had gained during your pregnancy?***
 10 *How did I feel?*
 11 ***Yeah***
 12 *Erm I felt, I felt a bit depressed about it erm my clothes wouldn't... my trousers wouldn't fit me*
 13 *properly so I felt... I did feel a bit down and a bit depressed about my weight and my body.*
 14 ***Was it something you were concerned about at the time?***
 15 *Yes, yeah. I was, yes.*
 16 ***And do you know of any of the influences on your weight other than being pregnant and having***
 17 ***the baby was there any other things that influenced your weight at this time do you think?***
 18 *I think my family just encouraged me to eat and be health... you know eat what I fancied really as*
 19 *well as eating healthily don't, don't cut down on, you know, eat like for example, have butter instead*
 20 *of er low-fat spreads you know things like that, don't go for the low fat products erm and er have*
 21 *more milk products and full-fat things erm... I think I was encouraged not to, not to cut down*
 22 *because the baby needs the extra. I know it's... people say that's a misconception but...*
 23 ***I mean yeah there is some evidence around it***
 24 *(Laugh) I think I was encouraged to you know just to indulge a bit... over-indulge a little bit; cos I'm*
 25 *pregnant 'go on have the extra' (laugh) portion or whatever. I think people tend to (laugh) treat me*
 26 *like that when I was pregnant.*
 27 *(Pause)*
 28 ***Where there any other influences do you think?***
 29 *I think myself aswell. I kinda thought that I'll have, you know, I'll have what I fancied really.*
 30 ***Just during pregnancy or was that across into early motherhood aswell?***
 31 *Er... I think it was at the beginning into early motherhood cos er I was trying to breastfeed erm so it*
 32 *was into early motherhood, yeah, but at the moment I'm not, I'm watching more what I eat now and*
 33 *I'm eating less than I did when I was pregnant.*
 34 ***And were you conscious about losing weight after you'd had the baby? Was that something that***
 35 ***was on your mind?***
 36 *Yes I was because of the way I looked physically, cos after you've had a baby, when you look at*
 37 *yourself, you know, it just... (laughs) yeah it didn't seem like me and it takes time to recover erm it*
 38 *takes time for you... to, to get back into, into shape erm like I said especially if it's not your first*
 39 *pregnancy.*
 40 ***In terms of priorities how high would you put managing your weight on priorities? Would it be top,***
 41 ***middle, bottom? How would you describe it?***
 42 *It probably was, probably towards, towards th... the bottom. Even though I was feeling like 'yes I*
 43 *need to lose weight' because of the work-load and the new baby and the other family members erm*
 44 *it would probably, probably be towards the bottom*
 45 ***Are there any other things that take priority you know you mentioned a few there?***
 46 *Yes*
 47 ***Would there be anything else that would be more of a priority other than anything we've***
 48 ***mentioned?***
 49 *Probably just family commitments, looking after the other children, making sure dinner was cooked*
 50 *for the other children, looking after them erm, I think I tend to put that as more of a priority than*
 51 *myself losing the weight.*

1 **So you're family comes first?**

2 Yeah, yeah.

3 **Where there any specific cultural influences around your weight during that time?**

4 Culturally? There were certain things I was told to avoid, eating-wise, erm certain foods which I was
5 told to avoid like er not to have fizzy drinks cos it's not good for the baby, erm, and liver, I think was
6 one of them and there was another thing as well gi... not too much ginger, that's not good for the
7 baby; things like that I was told to avoid.

8 **And just thinking about information sources around weight, where you given any information or
9 advice around weight during your pregnancy and early motherhood?**

10 I can't recall anyone talking to me about weight er there may have been a leaflet and I may have... I
11 can't recall one er but then again, I might not have had the time to read a leaflet. I might have picked
12 a leaflet up or been given one and not had time to read it.

13 **And is that the same for your pregnancy and after you had had the baby?**

14 I don't think there was anything after I had had the baby in regards to weight management, I don't
15 think I, erm, I received any support from any from anyone about weight management

16 **Do you think it would have been useful?**

17 Yes I think it would actually yeah, I think that would have been a good idea. Yeah, cos there's a lot
18 of..., you have a lot of appointments when you're pregnant and you get well looked after and the
19 baby. But once the baby comes it's difficult and I think you get left out a little bit cos the priority is...
20 and obviously and that's how it should be, is the baby, you know so, yeah, that would have been
21 really helpful

22 **What kind of information would you have found the most useful? Thinking about the different
23 ways that we present information; leaflets or in a discussion...**

24 I think not leaflets no, I think in a discussion er initially. I think a discussion and then maybe a leaflet
25 but just somebody to... cos I think when you've had a baby you don't really have a lot of time to read
26 all the literature so, you know, you're so busy with the baby; I think someone coming and having a
27 chat really (pause) it could be a health visitor or midwife just having a chat about weight

28 **If there was a service, do you think that people would be able to commit to something like that or
29 do you think it is more of a self-help/self- manage?**

30 I think it, it depends how... when you say commit it depends how... what the commitment might be
31 erm (pause). It might be hard for people to commit who's just had a baby if, if it was like erm a one-
32 off, a one-off consultation or chat with somebody or maybe erm maybe for other people a self-help, a
33 self-help erm may, might be better, might work for them.

34 **Like you say, it depends on the individual**

35 Yes it does. I think I would have preferred a chat with somebody.

36 **Did you look to find any of that information on your own?**

37 No, no I didn't, no.

38 **And just thinking about your weight before having children, did you look to manage your weight
39 before having your child?**

40 I never even thought about it (laughs). It's not something that I really I, I thought about at all really.

41 **What would have made you more likely do you think?**

42 I think talking with you now about it, it would make me more, if I was to have another child, to think
43 about it more, just talking to someone in general I think that would make you, you think about it a
44 little bit more.

45 **At which point would you consider being the most important time to receive that information.**

46 **Ideally before having a baby from our point of view but if we couldn't do that pregnancy and or
47 during breastfeeding or slightly later- what time do you think would be best?**

48 I think maybe during my pregnancy after the, after the, it would be after first trimester during
49 pregnancy then...

**1 It's difficult isn't it to manage their while their pregnancy as they know they are going to gain but
2 then after there's other commitments so it's difficult to find the right time. But that would be right
3 for you?**

4 I think yeah after the first trimester that would be the right time because prior to that there's the
5 worry. In my case there was quite a bit of worry during my pregnancy and how it, how it was going
6 to go and er I think for me personally I, I think that, that would be best, yeah.

**7 So just then moving onto the diet side, you know we have already mentioned a few things that will
8 probably crop back up erm but could you explain what you believe to be a healthy diet?**

9 (Pause)

10 What I believe to be a healthy diet? Erm is having the right portions, knowing what portion sizes and
11 having a variety of the different food groups; the carbohydrates and the erm (pause), the fruit and
12 veg erm and having a little of the sugary treats. I know it's hard for me personally, I, I do like my
13 treats and it's, it's nice to have a little bit each day as a treat erm but having plenty fruit and veg in
14 the diet is very important; now saying that and doing that is a different, a different thing.

**15 And was there anything specific during your pregnancy or during early motherhood that you
16 picked up on any specifics around diet? You mentioned a few before...**

17 About?

18 What you should/ shouldn't be eating, or...

19 Right, er erm, I think I was encouraged by my husband to eat whenever I was hungry and to, you
20 know, to fill up and have... Friends would probably say "go on have... you're, you're pregnant have an
21 extra portion" and I kind of give in and I did, I did indulge, over-indulge during pregnancy with foods,
22 maybe car... high car... carbohydrate foods.

23 Just going back to weight, did you gain much during your pregnancy?

24 I gained about (pause). Do you mean after I'd had the baby?

25 Do you know roughly how much you gained while you were carrying?

26 (Pause)

27 I gained about 10lbs erm but that was after I delivered. I'm, I'm not sure while I was pregnant what,
28 what weight I was. Do you mean whilst, whilst I was still...

29 **Yeah**

30 No I don't think... I don't think I was weighed. I never weighed myself. I can't, I can't recall that.

**31 That's fine. Just coming back to the foods then... where there any specific foods you were advised
32 on during that time?**

33 Erm... yeah I think erm rich foods and the erm... I did, I did go off certain foods as well erm I think in
34 the first few months I went off meat products, meats and erm I was eating plenty of carbohydrates
35 and I, I think I was encouraged to eat more carbohydrates because I wasn't eating the meat, the
36 meat products, erm...

37 And who was it who advised...

38 My husband (pause) erm (pause), and also I did have quite... er, er cooking methods as well, er, I had
39 quite a lot of fried foods as well, like er fried eggs and things like that erm with butter and ghee, I
40 used for cooking, I did use butter and ghee rather than, rather than oil. I normally use sunflower oil/
41 vegetable oil but er and nuts; I did eat quite a lot of nuts when I was pregnant. I know in the past er
42 the advice was not to eat, but I know the advice has changed as well. (Pause) And also er towards the
43 end of pregnancy er (brief pause), culturally I think you are encouraged to eat, (pause) they actually
44 make you erm, it's like a hal... it's called halva, it's like a...

45 **Oh, yeah**

46 It's made with...

47 Ghee **Carrots?** Yeah.

48 You are encouraged to eat because it, it's supposed to give you extra nourishment.

49 And is there anything during the early stages of motherhood?

50 Yeah, that's the same erm, there's a drink that you are encouraged to have. It's, it's fennel seeds
51 (brief pause), fennel seeds and er boiled water. I think the fennel is, is like an aniseed, aniseed taste.

1 That's supposed to clean you out after you've given birth, to clean your body out of toxins. You're not
2 supposed to have it during pregnancy er but after pregnancy you drink litres of it. It's suppose to
3 clear...it's just boiled water and fennel seeds boiled together into er and sieved, you sieve the fennel
4 out so it's just er a flavoured water. Er I was encouraged to drink that as well as eat rich halva
5 containing nuts and butter and er semolina.

6 **Where there any explanations as to why those things were important?**

7 I think er for breastfeeding the nuts and the rich thing, the rich er halva for the breastfeeding for
8 breastmilk and the, the water and the fennel to clean your body out after you've had a baby... those
9 type of things (laughs)

10 **Could you tell me a little bit about what your diet is like now? Have you noticed a changed since then?**

11
12 Yes! Erm I have... I am more erm more health conscious now erm. I know er I have to cook most,
13 most days I cook, I cook my own foods. I try and cook erm healthy foods for the family, but it's
14 difficult cos not everyone likes the same things. Erm maybe... we do eat a lot of meat and chicken in
15 our, in our diet erm and I do try to have some veg and, I really should have more veg as well, and I'm
16 trying to have fruit... whenever I come to work I always bring some fruit with me so that's a good
17 way of getting my fruit, eating my fruit. Cos I remember that way (laughs) that it's in my bag, I have
18 to eat it, you know, it's there. Cos sometimes at home it gets left in the basket and you tend to forget
19 it's there (smiles).

20 **And what do you think has brought on that change- the diet you described earlier to this one?**

21 The, the weight gain and the, not fitting into my clothes er. I think I have lost weight through running
22 round after the kids and being busy, the baby's crawling and not having meals on time er so I have
23 lost a bit of weight through that erm and obviously I feel the need to be, I should be eating a, a
24 healthy diet to give me my vitamins and to give me energy to keep me healthy so I can look after my
25 family (pause).

26 **And you mentioned work as well, do think that has impacted?**

27 Yeah, yeah, it has yeah, cos I'm like I say I was... when I'm in work er I'm always conscious of bringing
28 er fruit to work and I always have a health.. I always, I eat quite healthy when I'm at work I'd, i'd say

29 **Often that's the case because you are in a different environment**

30 Yeah, yeah, that's, that's right cos at home I've got teenagers and they, they are terrible for their
31 takeaways and their chips and er things like that cos were, I live in an area unfortunately where there
32 is a takeaway on every corner and fast food and pizza shop and it's, it's you know the temptation.

33 **Just thinking back to when you're child was weaning was there any particular changes during that time to your diet?**

34
35 When my child was weaning? So that was quite recently. To my diet...erm not really erm (pause) not
36 really, like I said I tried to breastfeed, I wasn't successful for a number of factors involved there erm
37 (pause) and I started trying to eat healthily grad... gradually by the time my child was weaning. I
38 suppose I was eating healthier than I had been prior to that.

39 **Do you mind me asking how long you were breastfeeding for?**

40 I only managed to breastfeed for about 4 or 5 days.

41 **And do you find your diet has changed much before you had your child? So have you noticed a change since before you became pregnant?**

42
43 I think... not really, it's not changed mu- much but I am more conscious that I do need all these, I
44 should be eating all these er healthy fruit and vegetables cos I need, I feel tired, li- you know ex-
45 exhausted by the end of the day I need to be eating healthy food in order to keep my body going and
46 you know t-to carry on cos it, it's, it's straining. I, I went through a very bad period actually after. I
47 forgot to mention this... I became very iron deficient after I, I had baby I had to have a transfusion, an
48 iron transfusion, erm and I think part of me wanting to eat more during pregnancy and just after I'd
49 had baby because I were feeling very, very tired and run down and I wanted to sleep all the time and
50 I just ate what I wanted and I probably ate for comfort as well

51 **And has that been resolved?**

- 1 *It has yeah it has. (Pause) Yeah it has, cos I'm on medication now.*
- 2 **Was there any specific influences other than anything we have mentioned as well?**
- 3 *I can't think of anything at the moment.*
- 4 **We have discussed quite a few things anyway. Erm and again just thinking about the information**
- 5 **that you received was there anything specific in terms of your diet during your pregnancy, that you**
- 6 **were advised about?**
- 7 *(Pause) I think er I was advised for foods to avoid, I remember going through a list when I went for*
- 8 *my erm, I think it was after my first trimester, er midwife went through what to avoid erm and how*
- 9 *to cook, you know like, eggs, for ex- eggs have to be cooked thoroughly and avoid meats like salami*
- 10 *and things like that so the general... there was that.*
- 11 **Was there anything in terms of healthy diet or was it just avoids?**
- 12 *Yeah I think there was a general erm (pause) erm (pause), I think there was er just a general chat*
- 13 *with the midwife erm. (Pause) Or was there? Right. (Pause) Sorry I can't remember- I think it were*
- 14 *just what to avoid, (pause) I think it were just what to avoid, I'm trying to think back.*
- 15 **And were you able to take that information on board?**
- 16 *What to avoid?*
- 17 **Yeah**
- 18 *Yes I was, yeah. I was very conscious of that. Yeah. Very, very conscious of, of that.*
- 19 **And did you do any of your own research or get information other than from the midwife?**
- 20 *Erm (pause) not really, apart from what they saying culturally-wise what to avoid, like not too much*
- 21 *ginger and not too many cold drinks and ice cream cos it's supposed to be bad for the baby.*
- 22 **And who is it that gives you that bit of advice?**
- 23 *I think it's er the elder people in our community er cos they don't, if you have, er don't have too many*
- 24 *cold drinks er because it will affect the baby, the baby will have... the baby will be cold basically, it*
- 25 *will- it might have asthma or something like that when it's born. I know it's probably, you know, mis-*
- 26 *misconception but you, you're a bit, when you're pregnant, you feel a bit vulnerable as well and you*
- 27 *don't want to risk*
- 28 **So were you able to put those into practice?**
- 29 *Yes, I did avoid, I didn't have a lot of fizzy drinks cos I know they're not good for you anyway and*
- 30 *obviously being pregnant you want to be extra cautious erm and avoiding th-the ginger and the, er*
- 31 *avoiding the fennel as well because fennel is used to clean your body out. Erm I think during*
- 32 *pregnancy I-it's not advised because it-it erm could... obviously when you're pregnant you don't want*
- 33 *to be doing that cos it might have an effect on the baby.*
- 34 **And was there anything after you had had the baby, I know you mentioned the fennel drink?**
- 35 *Yeah, t-the drink is advised after.*
- 36 **Was there anything from the health visitor, anything that they provided?**
- 37 *Er well when I was breastfeeding to eat often, because er eat often... eat snacks more often because*
- 38 *you're breastfeeding, I think I was encouraged to do that.*
- 39 **Was there any information that you were given that you felt you couldn't implement/ put into**
- 40 **your diet?**
- 41 *With regards to diet I don't think so, no*
- 42 **Again, how easy did you find getting hold of some that information was it quite forward, you**
- 43 **know was the Midwife and Health Visitors quite forward in giving that information or were you**
- 44 **having to ask and research yourself?**
- 45 *No, I think erm, I think erm, I think no I didn't, I didn't research anything I think.*
- 46 **Did you find it easy to access that?**
- 47 *In terms of?*
- 48 **Like from a dietary point of view- if you'd wanted certain information, do you think it would have**
- 49 **been quite easy to get hold of?**
- 50 *It probably would have yeah, it probably would have been erm but I didn't, it's not something I*
- 51 *thought (pause), thought about after I'd given, after I'd had baby.*

And then just moving onto the physical activity side... Are you aware of how much physical activity you should be doing in general?

Erm yeah I think you should be doing 20 minutes erm of exercise 5 times a week in general and that can include housework and walking to work, and I do try and walk to work, I've made a- a conscious, I-I don't live too, it's about a 20 minute walk so when i've done that I do feel good. It's nice and I have saved money as well cos I don't need to pay for car parking (laughs)

And was there anything specific during pregnancy?

Er, I did st- actually when ... soon after I'd given birth I'd got an erm an exercise DVD out and put it on and I did try and I did it a couple of times but then afterwards with the iron deficiency and feeling... all of a sudden I seemed to go very weak and I felt very tired and I had to give up and I didn't have the energy to even exercise... but that doesn't mean to say I didn't do... I still carried on doing my jobs around the home so I probably did- did it that way.

And anything during your pregnancy specifically?

Erm

Anything that you're aware of, any advice?

I didn't want to do any exercise during preg-, any kind of aerobic exercise anyway. Er, I did walk quite a bit, that was the only thing I did and I know walking is good when, when you're pregnant so I did.

And how do you feel about your physical activity at the moment?

At the moment it's not too bad, I phys- I am always on the go. I think maybe I could do with doing specific exercises for the stomach erm (pause). I do a lot of running up and- up and down stairs and running around after the little one and I-I do try and er walk to work whenever I can or park in the car, a car park further away, not too close er one, a bit further away so I can get that bit of exercise in and that fits in nicely. I think if I walk to work it fits in nicely with- with my routine

And does that differ from your exercise/ physical activity levels before you had your child?

Not really, I-I probably did that before as well. I did wa- try and walk. You see it's having time as well. I'd like to join a gym or go to a class but it's then the worry of who is going to look after the baby and erm I hav- erm child-care issues so.

Is that the biggest thing that stops you doing it?

Yeah, that's... yeah, that's what puts me off. I cou- I can't even attend a class cos as soon as I finish work the children are my responsibility, I take, I take over so. I-I would have liked to have done Zumba or something like that and I know there's access locally where I live, there are classes locally but it's just I can't leave the baby you know with.. my husbands' working so...I- I know my teenagers are-are older but I couldn't leave baby with 'em they'd be too- she's too young yet.

What would you say, just going back to diet briefly (participant coughing), what would say are the biggest barriers from a dietary point of view for implementing some of those recommendations?

I think sometimes it's the cost aswell... the money to buy erm to buy the food sometimes. Sometimes it's family, being fussy eating vegetables and you know er... so I think those are, I think the family one is the main thing cos I tend to cook whatever they kind of... even though I prefer vegetarian food- I love vegetables and lentils erm my husband likes meat and rice and things like that, he doesn't particularly like vegetables and it's hard and I think I put others, their needs first.

(Participant coughing)

Is there anything that would make it easier?

I'd love to go to, I went to the mar, I went for a walk to the market the other day erm and I did erm I did my shopping on the market and it's very reasonable. It's just for me, myself, finding time (pause). I still feel as though everything's quite new cos I've just come back to work after having maternity leave and I'm not established in a-a routine which I am aiming to- I am aiming towards getting in some kind of routine at the moment. But unfortunately, we have all been ill with colds and things at the moment so I have not been able to get myself into a particular routine. I do want to make a conscious decision of going on the market once a week to buy fruit and veg and fish so that's one promise I made to-to myself that I will do but I've not eve- I have not (laugh) started it at the moment

1 because we've- we've not been feeling very well and again it will be walking, and it- it will be
2 exercising. It will be a 15 minute walk there and walk back so.

3 **And is there anything that can make exercising more likely? Is there anything you could do to**
4 **influence that side?**

5 Anything I could do in-?

6 **Yeah, so erm like you mentioned about walking to work and things like that, you mentioned time**
7 **being a barrier**

8 Yeah

9 **Is there any way of overcoming some of those barriers?**

10 Erm at the moment not really er (pause) because it all comes down to childcare. My daughter is in
11 nursery this time, from this time and i've got to be there and I've got to drop the kids off at the club
12 where, whatever they're doing so a lot- lot of my time is around the family and it is, I think that
13 (minor pause) going to the market once a week will be a, will be a very rewarding goal for me to
14 achieve that because it's such...it's, I know it seems like a simple thing but when you a- constantly on
15 the go and so busy it's- it's a task to do any-anything as simple as that, so.

16 **And it sounds like you have already started making some changes anyway?**

17 Yeah, I have, I have been thinking about it. We were playing the-the upsy downsy game the other day
18 er with a group and I were thinking about all the-the good habits that I could be doing and it er- it
19 just made me think again about all the things I could be doing to improve my wellbeing and health.

20 **And is there anything culturally around physical activity in pregnancy?**

21 Well my husband... yeah there is actually, erm he's not keen on me going to gym where there's men,
22 it's got to be ladies only erm, so that's an issue er and I did want to go to Bolton One- if I, if I were to
23 join a gym I'd like to go to Bolton One but it's mixed one so... and maybe in the future I could look at
24 er look at doing, look at doing a ladies only class. I can't see it happening at the moment.

25 **What was it that influenced you to start walking into work, was there anything in particular?**

26 Erm, I-I thought well it-it'll give me a good, it'll be good in the morning to clear my head. I do the
27 school run prior to coming to work and I've got ... I used to have erm three different school runs to
28 do, now I've got two (laughs), I've got 2 different school runs and a nursery now so the whole stress
29 of the morning breakfast; getting kids ready on time, dropping them off at school, I thought I needed
30 to clear my head a bit cos I don't want to be coming into work erm stressed so I've got them- that 10
31 minutes to walk to work and reflect about things and it'll give me-and, you know, I'll feel good cos
32 I'm walking and i'm doing my bit of exercise. As well as that I'm saving money erm I'm not taking my
33 car into work, I'm saving on diesel so that (laughs), that was another- another bonus.

34 **And are you feeling any benefits from doing that?**

35 Oh yeah, I feel really good when I've walked it to work and I've walked it... I do- I walk it back as well
36 sometimes, erm I do feel good.

37 **I think that's it sometimes you've got to see some results**

38 Yeah I do feel good and I like, I like, I like walking and it's very busy, I can walk past the uni and the
39 college and it's nice it makes me feel happy seeing everybody, buzz, you know, it, it is good, you
40 know, rather th- than driving along in my car.

41 (Pause)

42 **And again just thinking back to information that you were given. Were you given any advice or**
43 **information around activity during pregnancy?**

44 Erm, I might have done, I might not have taken it though because erm I'd had, previously, I'd had erm
45 a couple of miscarriages so I were trying to be really careful not to erm, not to risk, not to do
46 anything which migh- I thought might risk my pregnancy and I, I know people do aerobics but I
47 couldn't justify myself doing, while being pregnant, and I know it is probably fine for them but I
48 couldn't, I didn't want to do anything like that.

49 **So was there a fear aspect?**

50 Yeah, yeah it was, yeah, I didn't want, I didn't have the flu jabs and I didn't have the erm er I was
51 offered the swine flu jab as well whilst I was pregnant cos I was told I was in a high risk category. Is it

1 called swine flu? (Pause) Yeah, at that time it was, yeah it was important erm but again I didn't want
2 to take any risks and I felt that not enough research had been done on these vaccinations and maybe
3 in the future something might come up, you know which was negative so.
4 **And then again after you'd had the baby where you given any information at that point?**
5 (Pause)
6 About the?
7 **About physical activity?**
8 Physical activity erm, no, I don't think I was, not about physical activity, no.
9 **And were you aware of the recommendations prior to having your child?**
10 The recommendations for?
11 **For physical activity, you know you mentioned the 20 minutes?**
12 Oh yeah, I was yeah.
13 **And did that influence you at all?**
14 Erm after I'd had the baby erm not really no, not really. I-I think the-the advice of-that sticks in my
15 head was breastfeeding, I think that's the main bit of advice and I-I did re-really try but I pe-
16 personally did struggle aswell.
17 **That is the main emphasis a lot of the time.**
18 Yeah, I think it was; that's, that's what sticks in my head is the breastfeeding support.
19 **So were you given any information outside of the health care setting about physical activity?**
20 Er, no, I wasn't no.
21 **Again, if you had wanted that information do you think it would have been easy to find?**
22 Yeah pro-, yeah probably. I think the only thing, the only advice was to rest, to try and sleep, rather
23 than do anything exercise-wise
24 **And like you say, perhaps yours may have been slightly different because of the iron deficiency?**
25 Yeah, that's probably why, yeah.
26 **Can I just how long was your child following a milk-only diet before she started weaning?**
27 Six months. Erm I followed the guidelines that the NHS recommended. Erm it was because I thought
28 about the allergies, the risk of allergies, and I didn't want to take any risks and erm I don't think she
29 was ready before six months, I don't think she was ready for solids.
30 **Do you think there are any improvements that could be made to information, advice or service
31 that are provided during pregnancy and early motherhood, any gaps, is there anything missing?**
32 I think with er, er with the food advice on what to eat during my preg- during my pregnancy and
33 after, and I think after pregnancy more so, after you've had the baby as well... well I suppose it's
34 important before. I think both before and after erm and I don't, weaning as well, erm for
35 recommendations on finger foods erm I'm not really erm I'm not really... I wasn't very happy about
36 baby-led feed-weaning- there was a few things around them which, erm I wasn't sure about.
37 **Who do you feel would be best placed to provide that information, thinking about the health-care
38 setting, community or family and friends?**
39 I think it could be a bit of both or even in the child's- er the centre's that you go, your local centres,
40 maybe they would be good places to provide that kind of advice cos everybody seems to access them
41 for appointments and one thing and another.
42 **It can be consistent then.**
43 Yeah and they're quite relaxing- cos you can get a drink and you know they-they're very child friendly
44 and, you know, it's better than going to the Doctors for advice.
45 **You mentioned earlier about the best time to receive weight management advice and you
46 mentioned the first trimester, would that differ for diet and exercise?**
47 Erm (pause) yeah I think it would, yeah
48 **When do you think would be the best time for dietary advice?**
49 I think after, a-a while after baby, maybe when baby is a couple of months old, not straight away
50 may-maybe after cos you've got too much to think about when you've just had baby and it's too, it's,
51 you can feel very stressed out with it all erm.

- 1 ***I know the three are interlinked but you know where we prioritised weight, would physical activity***
2 ***and diet be about the same, above, below, where would you place them in relation to where you***
3 ***placed weight on your priority list?***
4 *Erm (pause) while I was pregnant? Diet and exercise? Where I placed it priority-wise?*
5 ***Yeah***
6 *Whilst I was pregnant?*
7 ***Yeah***
8 *I don't think... diet probably higher than weight while I was pregnant but then again I did eat quite*
9 *unhealthily as well. I put... maybe in the middle.*
10 ***And would that change after you had the child?***
11 *Yeah*
12 ***Would it become more or less priority?***
13 *More, more of a priority, yeah*
14 ***And how would you describe the exercise?***
15 *(Pause) After the baby?*
16 ***Yeah***
17 *Exercise... (pause) was a priority but I couldn't physically erm I felt very tired after I'd had baby so I*
18 *couldn't really do... even though I do have a Wii at home as well, I couldn't bring myself to... I just*
19 *seemed to have no energy and now I think it's just time er so it should be a priority but it's just not*
20 *happ- it doesn't seem to be happen- and I'm conscious of that. It's just time. It's just time.*
21 ***And just from your experiences is there anything that we've not covered from a weight, diet or***
22 ***exercise point of view?***
23 *Erm (pause) I don't think so no, I can't think of anything at the moment. If I do I can let you know at a*
24 *later time.*
25 ***Yeah, I just like to ask to make sure you have the opportunity to let me know if there is anything***
26 ***we have missed?***

Right, so I have got your Participant Information Sheet and it's participant 4B erm and we have explained and gone through everything for the interview and you're happy with everything?

Yes fine.

So, just to start we'll focus on weight initially erm. Could explain what you believe to be a healthy weight in a general sense?

In a general sense, erm (brief pause) God, (brief pause), I like to think... in my head it's a size 10 really and I don't think you can really put a weight on anything. Yeah. That's it really.

And have you heard of any ways that we measure weight?

Yes. You can do Body Mass Index, er, you can do standing on the scales, you can do by fitting in your clothes erm...

And do you know roughly what it should be on the BMI?

Oh God, you're testing me there now! Erm... is it 19- 24 point something?

Erm and then do you know or have any idea roughly what a healthy weight gain is during pregnancy?

I think... they say... is it about 2 stone? I'm not 100% sure but I think it's 2 stone.

Er so just moving on to how you feel about your weight at the moment?

Ok. How do I feel right now or...?

Yeah

Ok. I think with the stresses that I have right now I have put on weight. I don't think, I know I have put on weight erm and I think that at the back of my mind I know exactly what I've got to do to lose it however I am not motivated to do that because I find life is a bit more than just, you know, being really regimented, really strict with myself and that's how I feel.

And what was your weight like before you had children?

Before children (small laugh), I was very slim, I was about do-do-do-do I'd like to say about 8 ½ stone when I... just before I found out I was pregnant with ***. Yeah

And do you mind saying what your weight is about now?

Oh God I'm not really sure I don't like standing on the scales so I'm not 100% sure but I'd probably be erm under ten stone hopefully.

So you have noticed a difference since having children?

Yeah, oh God yeah

Yeah

I was very confident back then, I'm not as confident right now

Erm what changes did you experience in your weight across pregnancy compared to before you became pregnant. Obviously I know people gain weight during pregnancy but how did you feel about the weight that you gained and did you notice anything in particular about weight?

I think because I lived with my in-laws and my pregnancy was the first pregnancy in that generation I got spoilt the most so from following my lifestyle of eating, you know, absolutely healthy and looking at all food labels and everything it was, you know, you've got to do everything right by this baby now. So from drinking like skimmed milk I was given full-fat milk and really the justification is alright well you're going to put on weight but you want a healthy baby so everything had, you know, full-fat everything (small laugh) it was erm... I think I expected that to come anyway because obviously even from an Asian background, even when you're in England, unfortunately these traditions stay with you no matter how hard... unless you are very, very strong and say you're not going to follow it but even to some extent you have to follow some of that because that's, you know, your parents' wishes. So yeah, they make all these, you know, sweets and ghee, cos the ghee's good for the baby, you know, and then the milk, well the baby needs calcium and you need calcium and all of that so yeah (smiling as speaking)

And how did you feel about the weight that you gained during pregnancy?

I didn't like it but I also knew that just like when I was really chubby before and then I lost weight before, you know, having my children I knew I was in control and I was able to do that, so it was just a process for you me.

1 So were you concerned about it during that time or did you feel I have put weight on but I can manage it?

2 Yeah, I didn't like... in terms of physical appearance, I didn't like it because I was obviously, you know,
3 chubbier than erm, you know, all my skinny sister-in-laws and stuff. However, I didn't see that as a,
4 you know, life-long thing and I work... I knew that it was a process just to go through and felt right
5 fine, I have put the weight on, I've got a healthy baby and I know what I've got to do to lose the
6 weight after, so.

8 And how did you find afterwards, during breastfeeding, during a milk based diet/ weaning diet; did the weight change at all from having the baby?

10 You see, my difficulty, not difficulty but, my experience brought that I'd had *** and then I was
11 breastfeeding him for six months but so obviously there was a difference in what I'd eaten but I still
12 had to follow some of the stuff but as soon as *** was about 6 months and I was gonna give up
13 breastfeeding, I was just getting ready to stop breastfeeding and became pregnant with **** so
14 really it was just pick-up, drop-off, pick-up again and it just became a continuous stage really until I
15 thought about when **** was born and we gave up bre... when I decided to stop breastfeeding her
16 that was when I could consciously think, right ok I can start making a change now.

17 Did breastfeeding help at all?

18 They say it does. I don't feel... I really don't particularly feel that it did. I mean, I don't think I ate that
19 crazy. Like I was told to eat all the time with... erm whilst I was pregnant but that was due to, you
20 know, feeling nauseas and cravings and stuff like that but really erm I, I don't see, I found it a bit
21 more of a hassle breastfeeding you know (pause), life got... I know this is really erm not professional
22 but I found life was a lot easier when erm the bottle was ready and it was formula or even expressed
23 milk, it was a lot easier to manage a child erm a baby than having to just breastfeed. I know it was
24 simpler to just latch on but it was harder as well.

25 And did you find that your weight went up after having your second?

26 Nods. Yeah.

27 It did?

28 So I'd put on some weight with *** and I lost... well I didn't have time to lose any weight because I'd
29 said that I'd ju... I'd lost some weight about... I only managed to do a week of weight management
30 and I came kept throwing up and I thought maybe it's my body not being able to tolerate erm the
31 weight management that I'm doing and really it wasn't that, it was just that I was pregnant again
32 and I was puking, vomiting because of that really yeah.

33 And were there any factors that influenced your weight during that time, you mentioned a few cultural influences with feeding you up a little bit- was there anything else or any specific examples?

36 Well, when we're, when the Asian girls are pregnant they're given erm this thing called cero, and it's
37 like a semolina-based thing, it's like a dessert and it's roasted in ghee and then full-fat milk and sugar
38 and then you put er spices in like nutmeg and saffron and everything. So that is really it's... they say
39 it's good for the baby and I, I'm not so sure why but they've done it for years and generations on so
40 you know the mothers want to continue that. I don't think as a mother I would actually do that and
41 force it upon my kids but I think that's what you would have to do and, you know, because of who we
42 are and where our parents come from and we had to listen to them. The... the difference really
43 comes after having the baby because it's about making the mother feel better and we're given this
44 sweet and it's got all sorts of spices inside it, I can't even start listing 'em, but they're all about, you
45 know, getting the body to generate heat and get rid of toxins from the body, about giving warmth so
46 milk flows really well from the body erm, you've got to drink coconut water cos that's cooling for you
47 at the same time erm the... it's, it's just about like... they want to give you a bit of a rest period, so
48 it's... you've got to have a good breakfast, you've got to have a good lunch and you've got to have,
49 you know, a good evening meal as well and in-between, it's about how... how you feel, they don't
50 really nag you in between that really

51 What would they class as good breakfasts, lunches and evening meals?

Ooo erm, I was allowed to choose what I, it sounds like a (unsure of word) don't (laughs) I was allowed to choose what I wanted for breakfast but I use to really like having things like bran flakes and, you know, branny, oaty kind-of-things for my breakfast and in the afternoon, we had this thing called rudla which is not chappatis but it is made from another... a different type of flour, you could have chappatis as well but it was about giving you some variation and then they give you, they use to give me like spring garlic in a, in a erm like... not, it's not a curry because it's not got sauce or anything, it's like a, erm, onion, it's sauteed or... kind-of-thing yeah erm so that accompanies and this is meant to generate heat from your body so it's helping the toxins and they give you lots and lots of spinach because obviously initial stage you're losing lots of blood anyway so it's everything they can to help replenish that iron back into your body.

So are they just during pregnancy?

This is after baby. In... at the... when... whilst your pregnant, it's just about really them giving you everything you want... you say 'this is what I fancy eating', but then they do say, you know, like 'have this, this is good for you, baby, your baby and X, Y and Z' or... you know, yeah.

That's interesting

And for some reason when you're pregnant you tend to in... I don't know what it is but Asians like lots of pickles, yeah, and I think it's maybe just the fact that your mouth feels all funny erm and these pickles actually taste nice. I do remember not liking water, I couldn't drink any water and I think I ended up giving the ball game away at one of my open days when I started my new job, I just said to one of my new colleagues "I don't like drinking water right now" and she thought 'I wonder if she's pregnant' and I was like 'Oops' (both laugh)

Obviously there's quite a lot in term of diet there but I'll come back to that cos some of it's quite interesting but I'll get distracted if I carry on. I know what I'm like. So do you think there were any other influences on your weight during that time?

Erm, they do say take it a bit easy. I think I had to take it quite easy with ****only because I'd had a caesarean with *** due to complications with him and that wound hadn't completely healed so the, the pressure of her on, on that wound meant that I was, I had, you know, to be very cautious, so really had to take it easy. Yet I couldn't really take it easy cos I still had a son to look after erm yeah so in my first, during my first pregnancy I was active like anything; I felt like going for a walk I went for a walk, I wanted to do anything, I just went and did it cos I wasn't answerable to anyone then, but then the second time round it felt a lot harder to go and just do any exercise. Yeah.

And just thinking about information sources about weight and diet and things like that, we're you given any advice or support during pregnancy or early motherhood around that?

Not really, no, sorry.

And was there anything in terms of your weight that you wanted to do but you didn't manage to.

Were you conscious of trying to control your weight during pregnancy?

I was trying to but I knew at that time, at the back of my mind, I think it was just right, well, I still see it like that, I mean, if say one of my friends was pregnant and she was so worried about putting weight on I would just be saying to her right that, you know, 'this is probably the only time you get let yourself a little bit go', do you know what I mean? And 'not be so erm crazy about, you know, really, really, really being so hard on yourself'. It's obvious, inevitable you are going to put weight on so why not just enjoy it a little bit more and, you know, have that, ah actually during my pregnancy I felt like having some pickle or I felt like having this and I ate it and then it's that, that stage is over and then you go back to actually when you're, when you know when you get back to normal weight it's about then having it all in moderation again, do you know what I mean?

And is there that justification that you have to eat for your baby as well, that's at the...

Back of your mind, yeah

Erm, and have you attempted to manage your weight before or after having your children?

I'm, I was very chubby before I had my children and in my younger age and just before my wedding, I lost a lot of weight and I maintained that for about 2 years really while there was no problems erm but again it was at the point where I wasn't answerable, I didn't have to answer to anybody about

any of my activities, I could just be pretty free. However, now that you have children you can't just decide to just go to the gym or you can't... I mean you can say 'right well I'm going to be quite controlled with my eating' but you have to be a bit of a role model with your children now as well so if you're giving them stuff that has got a little bit more oil or whatever in, it's nice to give them what you're eating but if you're on the extremer side of 'right I really need to watch my calories' but the children don't need to, you need to be a bit of a role model, if you're not eating it then why should they eat it and that's the way my kids see it anyway; well if you're not eating it and there's times when they're eating things and you're not, you know you're not paying attention and they just come out of pure love and come put the food into your mouth so erm you can't control that bit either so it, it is hard after you have children to really, you know, keep a good weight management going unless you're really, really not... I think it's not nice, it's not nice to say not being a mother cos you're still a mother but I think though you have to have that with your children you know bonding and going out and everything and sometimes that's a bit difficult given you got that and work and a life and everything.

Pressures.

Pressures, yeah.

And just in terms of priorities, where would you have put weight on your priority list in terms of you being a mum, where would you put it while you were pregnant?

On a scale?

Yeah

Erm, I don't think it was too much of a worry or a concern for me. I knew weight was gonna to come. I would probably say if 10 is an absolute concern and 1 is not an absolute concern, I'd say about a 4 or a 5. It wasn't a worry for me at all.

And did that change during like breastfeeding or like during weaning?

Erm it changed a bit because obviously with weaning I was already pregnant with erm **** so it was obviously a bit difficult to be worrying about that and I, I think even whilst I was pregnant with *** the fact that my bump grew just made me realise it's not just this that's growing, obviously everything else is growing and I felt quite proud like, you know, I've got a life inside me and I'm supporting this baby completely, so I think for me the weight gain bit wasn't... it was just... I was not even ashamed of having to buy bigger clothes at the time cos it was 'well this is for my child'. I would be now because I don't want to be there now and I am, I'm aware of the health consequences of having that...

So it is more of a priority now but that's because they're a bit older.

Older, exactly, yeah

And if there was going to be any advice or support or whatever, information around weight given to somebody who was pregnant or had a small child, at which point do you think it would be most effective?

I think that it should really be there from the beginning, from when they are having their initial consultation with the midwife and that's not to frighten 'em or startle 'em, it's just for them to have it at the back of their minds, to be thi... you know not to really say.. and I'm sure some people would put some of the, er midwives would actually be saying you know what an, an average healthy weight gain is erm because it is obviously a concern isn't it and I do understand that and they might not see it as a priority then but the fact that it's being ad, drip-fed to them throughout this whole process means that they're a lot stronger to absorb it in later on when the baby's actually born and they're done with the breastfeeding and they're onto the weaning then it can be something where they think right ok now it's a bit about me again. Because they're so, you know, you can't, you can't not say anything and get to that stage and say 'ha ha well have you thought...' because they'll be like well you need time to absorb it in.

And are there any barriers do you think to managing your weight?

Yes. I think if you're looking to at South Asian community, there are quite a few you have to really bear in mind, that er family er... family influences and even more than that, family pressure is the

1 *hardest one to deal with erm even my husband who's educated will say to me that "at this moment*
 2 *in time what are you worried about your weight for, you're gonna be, you know, you're gonna put*
 3 *some weight on, it's about having a healthy child" erm. What I would have really liked to have seen,*
 4 *myself, is having like some kind of cookbook or some kind of thing where it's in say...cos you know*
 5 *cos if you're looking at South Asian languages it's very easy to identify the different languages and*
 6 *you say, right well if you're going to make *cero* for example with semolina, hulva, how would you*
 7 *make it so it's healthier, could you... you know, I mean I don't think there's much been, much*
 8 *research into that kind of stuff erm, so what if we didn't use ghee, what would it taste like if we did it*
 9 *in something else and I, I don't think someone has actually done that yet, yeah, and if that was part..*
 10 *if, if that was for Bolton, for example, and all mothers that were screened through the pregnancy*
 11 *cycle were just given a little book and it was in their appropriate language and saying you know*
 12 *we've tried and tested these they're appropriate so these are the things that you might eat, but you*
 13 *know these are different ways, you don't have to follow it but these are ways of, diff... you know*
 14 *different ways of making 'em. I know that I would have been extremely grateful.*

15 **And are there any other barriers?**

16 *Er... language I think is a massive one because at the end of the day not everyone can be so strong in*
 17 *English and we're just assuming that everyone who comes through our services are gonna be able to*
 18 *speak in English. Erm... (brief pause) the practicality of things is quite difficult you, us saying you*
 19 *know do this, do this or do this and then them actually going home and doing that is quite different.*
 20 *Sometimes, and this is just a small thing for you to think about, I couldn't cook, I hated cooking or the*
 21 *smell of food around me whilst I was pregnant so it's about then being confident enough to rely on*
 22 *someone else and say "can I ask you to make this and follow this recipe compared to... do you know*
 23 *how to make this?" and they might be quite offended if you say follow this recipe card cos it's like;*
 24 *well I do know how to make it myself erm (brief pause). Somebody speaking out of voice can actually*
 25 *sometimes be seen as being a rebel and that is erm quite difficult to take in. I think those are the*
 26 *things we get, coming into my mind.*

27 **So if there was a weight management service what do you think that should, that would be, how**
 28 **do you think that would be best operated you know to support women do you think for example a**
 29 **group?**

30 *Would you be looking at pure South Asian women in that or would you be looking at...?*

31 **Potentially**

32 *Potentially erm I think it would have to be that you initially meet with the Midwives and get the*
 33 *Midwives to then signpost them onto this and like some things like ante-natal classes now are so...*
 34 *they're not compulsory are they but every mother feels that she needs to go to an ante-natal class.*
 35 *However, it's about having that social marketing right where the mother then feels like this is an*
 36 *opportunity to meet other women and is not purely about looking at my weight management but it's*
 37 *about supporting, networking and building friendships but as a result of that I actually feel really*
 38 *good because, you know, I'm learning about weight management and I'm learning that, you know,*
 39 *what a healthy weight should be and I think that is the way I would have, if I was going to deliver,*
 40 *that's how...*

41 **Do you think a group would work though, or do you think it would be better like as a one-to-one?**

42 *I think, just like many of the weight management services there are in Bolton, I think sometimes it's*
 43 *necessary due to behaviour of an individual to have one-to-one sessions, yes, but I think sometimes*
 44 *it, it works better in a group because it lightens the spirit down. Something like weight management*
 45 *can be quite a serious issue and erm I don't think people want to really know. I wouldn't want to*
 46 *know. I do know but I don't want to accept the fact that I need to do something about losing a little*
 47 *bit of weight erm and I have no excuse, I'm, you know, I'm not er, pregnant any more so it's not really*
 48 *an excuse for me but for them it is, they're actually pregnant and they might actually be feeling, you*
 49 *know, a little bit rubbish and the fact that they've got some friends that they already know outside of*
 50 *this who might say well actually I've got a be-friender here, I'm gonna come, are much more likely to*
 51 *come than to say well if I come and there's no faces here what am I gonna do?*

So then just moving onto the diet side, could you just explain what you understand by a healthy diet in the general sense?

Ok erm I, I'd like to say everything is from, er, to follow everything from the Eat Well Plate. I think that there is not really anything hidden, there's no hidden agenda in that, I think it's quite simple and straight forward and erm, I seriously believe that everything is good in moderation and in proportion to yourself, I believe that if you eat more than what you're body needs you will put weight on and if you erm eat less than what you're body needs you will lose weight and I think that is the general principle of weight management.

And what about for pregnancy and early motherhood?

I, I don't think I have ever seen any kind of literature that says how many extra calories a day you should really think about consuming as a mother, you know, and I, I don't know if that is erm, does that increase through the stages like initial stages you might not need any extra calories to 3-6 months you might need more, I don't think I have seen any literature that suggests anything or has informed me in any way, so I'm not really sure. I would have... I personally would have liked to have seen something like that that says well at this moment in time you don't really need to make any changes to your eating/ diet, as long as you eat... you know, you're not anorexic or anything like that erm and then near the end this is where you need, you know, like the last trimester it is... the baby is taking your calcium reserve, so this is where you need to be looking at increasing calcium and stuff like that and I don't think (brief pause), I don't think that kind of information is out there.

Do you think, you know, a lot of people said, that when they were pregnant and, you know, during breastfeeding etc it was more about what not to have...

Yeah

Rather than what to have. What to have, yeah.

So it was more about cutting things out rather than putting things in. Putting things in, yes

So would you say that's how you found it as well?

Yeah. It's a bit difficult because I actually understand the amount of pressure the Midwives are under and you are just a cycle and I know it's an awful thing to say but it is, you're finished and then another person's coming in and they've got to do exactly the same again. So really unless you start being quite challenging and asking these questions, they might not really answer them for you, unless they're in a good mood, do you know what I mean?

Do you think there's a responsibility for people to do a bit of their own research as well?

Yeah, I, I think some, I mean I ca... can't answer really for all mothers but I, I think that the vast majority of women are very excited in their first pregnancy so they would go out and have look at books and, you know, I mean there's lots of schemes like Boots, if, they give this, I remember when I was pregnant, they gave out a whole booklet of information about what happens at each stage. Your Midwife'll give you like a journal of a, it's called Emma's diary and she er she, you know, every week, she's telling you her information and you kind of reflect upon that, so there is that kind of re-reading material available, but even in these books I don't think, in the books I found, I didn't find anything about what to, you know, bring in but it was all about well you shouldn't have this and this and this and that kind of stuff.

Who would you say was the main source of information for you then?

Unfortunately the internet; it shouldn't have been but it was, yeah.

And did you pick anything out from that in particular? Is there anything that you can remember?

I remember ha... joining forums like Bounty and erm, I'm not really sure of the names of 'em right now but they had like, er, it was brilliant though cos I was more excited about having a look at what the four D features of the baby would be at different stages and they had pictures of this so I'd be, you know, I would compare and, you know, sit down and think "wow" this is probably the stage that my baby is at and er have, you know, I didn't really have a look at anything about the eating aspect of it, for me it was about learning that these cells might be growing in my baby's body right now or the baby's developed at heart.

Baby's development?

1 Yeah that kind of stuff, yeah, and I, I don't know why, I don't think really anything was out there to...
 2 I don't know if there was, I didn't even have a look at anything for food, yeah, cos I knew I was going
 3 to be bombarded with this is what you have to eat, this is what you have to eat, so... I was just ready
 4 to accept that for that time.

5 **And what role did family and friends play in that?**

6 I think everyone just encouraged me to eat (laughs), I was just like a vacuum no, erm, there... one of
 7 my... I couldn't eat my mother-in-laws food to be really honest, I didn't like her food erm and there
 8 was only one particular auntie and everyday nearly, evening she would cook for me, anything that I
 9 fancied, it was all about having chilli and garlic and spice and she would, you know, she'd make it all
 10 with olive oil and, you know, she was very aware of my health needs cos she knew that I was er into
 11 health but everybody else won't see it like that. My mum, at that time, she was like you can forget
 12 that, you know because previous to being actually pregnant I wouldn't have any of my lentils curried
 13 up, I would have them boiled and just have some spices added into that, so kind of like a brothy
 14 soupy kind of thing and she was like, you can forget that now, you, you know, your baby needs oil
 15 and you need some oil so you're gonna have some oil, so she wouldn't put tonnes and tonnes in, not
 16 like, you know, it's skimming on top of the food but she was very aware of, you know, it's not about
 17 you right now, it's about your child as well, yeah.

18 **So between like Health Professionals, family and friends and then you're own research, which of
 19 those would you say was the most influential?**

20 Influential or valued?

21 **Both**

22 Cos you see it's difficult because what you value... erm, I would have valued the Health Professional
 23 because obviously, they have the evidence-base, however, the one that influenced me was my family
 24 and friends because I didn't have anything else and because I didn't have a look at the erm food
 25 aspect of stuff through the internet I couldn't really get information from that so it wasn't as
 26 important to me in that respect.

27 **And can you tell me a bit about what your diet is like at the moment?**

28 (Laughs) Erm, the vast majority of times it's pretty healthy actually but I think that with the pressures
 29 I have got in my life right now I can't seem to give up eating a bit of chocolate and that's...

30 **There's nothing wrong with that.**

31 Yeah

32 **And has that changed from before you had your children?**

33 Erm, before my children I used to be able to do two hours of exercise nearly every single day and I
 34 would do it religiously and it wasn't even... it was the fact that that two hours was no nagging time
 35 from my in-laws or no nagging time from my others family members and it meant that no-body was
 36 going to disturb me and I felt fantastic after. Right now, I can't even take 2 minutes out of my time
 37 really to even sit down, purely because by the time evening has kicked in I could do some exercise but
 38 I'm so shattered and I know I've got the whole following rest of the week to manage, so I, I am
 39 struggling because I'm very, very, very exhausted in my mind as well as physically.

40 **And how about your diet, has that changed from before you had children, so has the exercise
 41 impacted on how much you eat?**

42 I think the, it's really nasty isn't it but, my children in that respect are a barrier and I don't mean in a
 43 negative way, I mean in real terms because I have to balance out everything in erm priority-wise my,
 44 my exercise, my physical activity, can't take a priority that I would to give it- in real terms, I would
 45 like to give it a higher priority because I know that if I do that something else has to give and that
 46 means it's something which is a bit more important either my job, or the house, or work, yeah.

47 **So then just, I know we have already mentioned a few things, but just in terms of your diet during
 48 pregnancy, was there anything specific that you changed, that we haven't mentioned?**

49 Sorry, say that again.

50 **So during you're pregnancy did you change anything in terms of your diet because you were
 51 pregnant?**

1 Yeah (laughs) quite a lot because erm when I was er, when I was not, wasn't pregnant I would have a
 2 very small breakfast er small, small lunch and a small, you know, it was all really small portions of
 3 food and erm when it came to... when I, with my first pregnancy I was feeling sick nearly all the time
 4 actually and in initial stage I still tried to continue some of that healthy erm you know healthier
 5 lifestyle but I kept feel... kept feeling nauseous all the time and I didn't know what could control it
 6 and the only thing that really worked was salt and vinegar crisps (laughs) which is really sad but I
 7 think it was just that tartyness or whatever and I just found myself just knowing that if I had salt and
 8 vinegar crisps I'd be alright so it, I'd already started becoming unhealthy and it wasn't any... I
 9 couldn't eat anything else it was the Walkers fried (laughs) salt and vinegar crisps, and tried the
 10 'Baked' and everything none of that would work, it was just that, and then erm cos I kept feeling sick
 11 all the time I would end up having a bowl of rice and krisp, Rice Krispies (laughs) er yeah. It's quite...
 12 it's just really, really, weird how erm you... things that you... I, I wouldn't eat Rice Krispies right now, I
 13 mean I like Rice Krispies but it's too childish (laughs) but at the time that and I alw... nearly every
 14 week I would have to go and buy Walls... I clearly remember that, Wall's I sparkle iced lollies and I
 15 would munch through them, like just keep munching 'em and I'd be like "what the he... what's wrong
 16 with me?" but that is, those were the things I enjoyed. With **** it was, I couldn't even eat Nandos, I
 17 couldn't eat Nandos at all, there's really... it's really funny how one child makes you want to eat
 18 something all the time, you know, this, this, this, X, Y and Z and then suddenly you'll just switch off
 19 and you don't like anything and you go 'Oh God' I can't, and all I wanted to eat with **** was sweet
 20 stuff and they say that don't they, savoury, sweet, I don't know how true that is but, when I, you
 21 know, for me, I just, the smell of Nandos or anything wanted me... I wanted to vomit.

22 **So there was influence of people wanting you to eat more and then there was the impact of your**
 23 **body**

24 You taste buds. Yeah.

25 **Making you shy away from certain things? And what about anything to do with the**
 26 **recommendations for food avoidance?**

27 To be honest, in the back of my mind I knew what I roughly had to do yet I wouldn't say it was
 28 completely, exactly what I knew I had to do but er in my heart I felt that I didn't really need to worry
 29 because I knew that the weight gain was going to come, whether I ate like, you know, a regimented
 30 Soldier or I ate and I let my hair down a little bit because the end thing was I knew I had to lose
 31 weight so a little bit here or there wasn't going to make a difference to myself so, yeah, I thought
 32 that was my enjoyment bit in my life.

33 **What about during breastfeeding and weaning?**

34 I think I, I was... with **** I didn't feed her as long as I did with *** and I think, because it was so
 35 hard, she was a very clingy and crying baby, I think that really helped me lose weight as well cos I
 36 was constantly running around after her erm and the fact that I had a new job at the same time so I
 37 only fed, only breastfed her for about 3 months and then put her onto formula cos she went into
 38 nursery and in my mind I always knew from the moment I found out I was pregnant with **** uh,
 39 when **** was born and I stopped breastfeeding it would be completely down to, you know, going
 40 **back to weight management and I managed it as well so erm.**

41 **Did you feel you ate more during breastfeeding or less?**

42 Erm about the same really, I, I don't think, I haven't got, I think I ate quite normal really, it was just
 43 the fact that I'd... over time... because I'd eaten but I hadn't done anything about it in terms of the
 44 physical activity, as much as I should, then it was a stable weight and I knew then that I had to shock
 45 my body a little bit by decreasing my calorie intake slowly and increasing my physical activity and
 46 my... that came from just constantly doing housework and erm wherever I could fit in some exercise
 47 cos of when they were asleep in the day or anything like that I would do some exercise. It never
 48 happens now.

49 **What impact did work have? Was that a positive or negative impact on...?**

50 It was very positive because I worked in weight management (both laugh)

51 **Very good!**

1 And finally just moving onto the physical activity side, are you aware of how much you should be doing, generally?

2 (Brief Pause) Erm, 30 times 5 isn't it, there's not really a recommendation in personal... everyone's, that... you got to calculate that out haven't you, yeah, but, yeah it's 30 time 5.

3 And then during pregnancy and early motherhood, were you aware of physical activity recommendations for that specific time?

4 No

5 And how do you feel you're physical activity is at the moment?

6 (Laughs) Erm in terms of actually, real physical activity, none, erm I know what I see as physical activity and I know what is labelled as physical activity so no, but I am active in the respect of moving around and everything constantly.

7 And has that changed since before you had children?

8 Dramatically, I wish I didn't have...

9 When you said it was 2 hours before and now...

10 Yeah, yeah and now none.

11 So what barriers do you think are to being more active?

12 For myself or just in general?

13 Er, just for you.

14 For me, er, the fact that I control, not control, I don't want to control, I'm in charge of so many things like my job, I help my in-laws, I help my parents well my mum.

15 So it's like time demands?

16 Time demands, work demands, I've still got my dissertation to do. (brief pause) I think my kids they're all massive barriers because something has to give. I don't... if I say to the kids, you sit down I'm actually going to do some phys, some exercise on the stepper for example, they want to do the same thing so they now want to stand on my stepper whilst I'm on the stepper which is a risk, health risk, which I have to take, I don't want to take and it's like right well let's not do that right now and it comes to 8-9 o'clock at night and I've still got to cook for my husband and then think about doing exercise, I'm actually very exhausted.

17 So there's side to it as well?

18 Yeah

19 Just thinking back in terms of diet, what were, what are the diet barriers? Are there any barriers to managing your diet at all?

20 Time. I er I rush, I er gulf my food down, I don't have, I see it as a process, I would really like to sit down and enjoy my food but I'm so used to just being on the rush that I tend (laugh) to eat in less than 5 minutes you know gulf, gulf, gulf, er, I love to drink lots of water, sometimes I find that I'm so busy that I don't even have time to keep up with my water.

21 Just as well in terms of diet, you know where we put your weight in terms of a priority list, where would diet be in relation to that?

22 A little bit more above cos it is important to me. I think I would have given that a 6 at the time, yeah.

23 And how about physical activity?

*24 Physical activity? (Brief pause) It depends on which child really because with *** physical activity was still very important to me I think it was about a 7, with **** I knew that I couldn't do that so it was a 3 or a 4 because I didn't want my wound to just start opening up.*

25 And did you make any changes during pregnancy?

26 To?

27 In terms of your physical activity?

28 Erm

29 Like you said with * you were still quite active...**

*30 *** I was very active, **** I was very lazy actually in the end because I was so exhausted, I didn't get any support from ***** really so I had to do everything at my mums which meant that I had to make sure that the kids were fed before, well *** was fed before I went to erm work, which meant that I*

1 was rushing around so I would find that even though I live minutes away, 2, 3 minutes walking
 2 distance away from Deane Road, it was so easy to just step into my car and go to Deane Road cos
 3 that meant I would be there faster then, yeah.
 4 **But with your second child there was more of a risk element that maybe put you off a little bit?**
 5 Yeah
 6 **And what about during breastfeeding?**
 7 With second one, with ****?
 8 Yeah
 9 Erm I think I felt really ugly actually to be really honest with ya, I didn't enjoy... I think there was a lot
 10 of things going on inside my head as well quite felt, quite hormonal, I had a lot of stress through my
 11 in-laws er...
 12 **Quite vulnerable**
 13 Yeah, very vulnerable, just felt really, really, really negative that I don't think I even thought about
 14 the physical as, physical activity aspect of it until... I, in my, I knew, I always knew in the back of my
 15 mind the day I finished breastfeeding **** the next day that's it, you know, we get back to complete
 16 normal and I saw it as a bit of a celebration that.
 17 **So why did you feel you had to wait until you had finished breastfeeding?**
 18 Because I knew I would be a bad, well I didn't know, I was told I was a bad mum if I didn't, you know,
 19 give everything through my milk to my child, children right.
 20 **And who the biggest influences in terms of physical activity, before we were saying between the**
 21 **midwife, family and friends and yourself?**
 22 Yourself, I think is the biggest influence. You have to... I mean you know your body well don't you so
 23 it's if you think it and you feel it's right to do that physical activity...
 24 **And are there any cultural issues around physical activity?**
 25 They do tell you to take it easy don't they, you know, I mean if you watch any of the Bollywood
 26 dramas and stuff, when it's... as soon as you announce, with the big trumpets, you announce you
 27 know you're pregnant it's all about take it easy, you know watch how you come down the stairs,
 28 don't be going up and down stairs.
 29 **So it's more about risk again?**
 30 Yeah
 31 **What not to do rather than what to do.**
 32 Not to do... to do... yeah
 33 **I think that is generally about it, unless there is anything that we have not mentioned or anything**
 34 **that you would like to make any comments about?**
 35 I don't always think it's the woman, the women's fault, I don't mean that word when I say it like that,
 36 I think that... I think women in general, regardless of which community you come from, it is such a
 37 massive ordeal to be going through pregnancy and erm from... with... the, the hardest bit is that you
 38 come from the South Asian community given that there's the extra pressures, that we've discussed,
 39 that come into it so you've got to go through these massive changes to your body which you even
 40 accept because you know it is a process for your, for you to have a healthy child erm. However if you
 41 start rebelling in any respect, and not even... rebelling is not even the word, if you start trying putting
 42 your foot down, then you're the one causing conflict in the family and then you become the outsider
 43 and that's happened in my case many a times, where I want to kind of... have, I have the health
 44 knowledge at the back of my mind and I'm, I'm very capable of going doing some extra research as
 45 well, however, if I take... brought that to the table I know that that would be respected however
 46 outside that they all come and ask me for health professional advice so it, it is quite funny to see isn't
 47 it, that in that respect, no obviously I wouldn't have an answer yet, I might have an answer really, it's
 48 not valued as much but outside that, you know, we've got this what could possibly be wrong, you
 49 know, what should we do?
 50 **Brilliant! Thank you very much!**
 51 Thank you!

1 **Erm, so this is participant 4C. I'm just going to start off with a bit about weight side-of things.**
2 **Could you explain what you believe to be a healthy weight, just in the general sense?**
3 *How... in personal or...?*
4 **Yeah, what you perceive to be a healthy weight?**
5 *Well ideally I want to be 9 stones, but before I had him, I was roughly about 9 ½ and then I gained 2*
6 *½ stones having him.*
7 **Was that just during pregnancy?**
8 *During my pregnancy*
9 **Yeah. And would you mind saying roughly what your weight is at the moment?**
10 *It's 11 point 12, 13.*
11 **Yeah**
12 *Yeah. Nearly 12, well just 12 stones*
13 **So you haven't found that you've lost much...?**
14 *No*
15 **Since you had the baby**
16 *Even though I 'm breastfeeding, I've not lost much*
17 **So you've not found that breastfeeding has made any difference?**
18 *No, not to me*
19 **Yeah. And are you aware of ways that we might measure weight, do you know of any?**
20 *You, yeah, you, measure the hip, er waist the waist*
21 **The waist**
22 *Yeah, the waist, cos you lose more of the waist don't ya.*
23 **Have you heard of things like BMI?**
24 *Yeah*
25 **Do you know roughly what you should be on the BMI?**
26 *I don't know.*
27 **It's alright, don't worry.**
28 *I have got it in my purse. It's one of them Boots things int it. Do you know when you go into Boots*
29 *and you have yourself weighed? (looking in bag)*
30 **Yeah**
31 *I have written in there. I've got... there you go. (Pause while look at slip of paper). Oh, yeah, BMI*
32 *should be... (pause) hang on a minute.*
33 **It's alright don't worry.**
34 *Well say it was... I should roughly be under 20... you height... 18.5*
35 **Yeah, so it's above 18.5 less than 25.**
36 *Yeah, yeah*
37 **So it gives you a bit of a guide I suppose**
38 *It does, yeah, but I'm well off that*
39 **So are you aware of any specific advice about the amount of weight you're suppose to gain during pregnancy, were you aware of anything at the time?**
40 *Well, I... it depends on the individuals doesn't it? Myself, in my previous pregnancy I've gained, I did*
41 *gain roughly the same amount as I did with this one, with my third baby, so yeah, I think it, it is*
42 *individual int it, how people... I mean before my... my routine exercise was the same it was just I*
43 *gained so much weight*
44 **And would you say part of that is age?**
45 *It's, I think, you just don't bother yourself with it when you're pregnant, you just eat don't ya? I*
46 *mean, you just want the best for your baby*
47 **But did anyone actually discuss that with you, rough how much you'd want to gain?**
48 *No*
49 **So how do you feel about your weight at the moment?**
50 *Depressing*

1 **Yeah**
2 *It's depressing! You look at yourself in the mirror and think 'Oh God when will I lose this weight' cos I*
3 *can't get into all my clothes.*
4 **So is that a motivator for you, your clothes?**
5 *Yeah, it's not working though (laugh), even though it's not working.*
6 **What do you think it is that's stopping you then?**
7 *Nothing really, it's just the erm... I do try, I am trying, it's just that erm I cheat sometimes*
8 **I think everyone does don't they?**
9 *Because it's the easy option with the baby is that you haven't got time to prepare sensible meals for*
10 *yourself and sh..., in the time what you've got you just then, you just... I, I've got not time, so I'll just*
11 *eat that instead, keep myself awake.*
12 **So is there anything else that would motivate you do you think?**
13 *Ready meals, if it were prepared for me*
14 **All done for you**
15 *For me, yeah*
16 **Yeah. And is there anything else at the back of your mind that makes you think, I really want to do**
17 **something about my weight, is there anything encouraging you?**
18 *Yeah, getting into me own, me own clothes*
19 **That's the biggest one?**
20 *That's the biggest one. And..., and the other thing is it makes you feel better mentally and physically*
21 *it makes you feel better because, you know, sometimes you feel down don't ya? And then you eat*
22 *more.*
23 **Yeah, so it's that vicious cycle then isn't it?**
24 *Yeah, then you eat more cos you're so worried about it and worry is not going to do anything is it, it's*
25 *more like, you need to get on with it, but it's time.*
26 **So, it's fitting into your clothes is a motivator but then time is a barrier?**
27 *Yeah, it's a barrier, yeah.*
28 **And how has that changed from before you had children, what was your weight like before?**
29 *Oh, id... ideal weight when I... 9 ½ stones and I'm, I'm fine with that.*
30 **And have you ever got back down to that after having your children?**
31 *Yeah, with me... yeah, with my previous two when I were pregnant after like... it took me... when*
32 *they turned three, me youngest one, then I got back to my ideal weight but that was like on a really*
33 *strict diet.*
34 **So you know it might take a bit of time with this one.**
35 *Yeah, I know*
36 **So it's good that you know you can get back down to it, it just make take a little bit of time**
37 *Yeah, the motivation*
38 **Do you find it harder to manage as you've got more children?**
39 *Yeah, cos you've got less time now 'aven't ya, I've got less time to fit it in and I've got less to go for*
40 *an exercise because the schedule that I'm in cos obviously when I get time, before it was like, I can go*
41 *out any time cos they weren't at school, now they're at school and then they go to Mosque so I'll*
42 *need to fit it in between that but it just doesn't work cos there's not... you don't have time though.*
43 *I've got some much to do, then you've got your housework to do.*
44 **So there's other pressures on your time that make it really difficult?**
45 *Yeah*
46 **What changes did you experience in your weight across pregnancy and early motherhood, so did**
47 **you, you mentioned you were about 9 ½ and you gained about 2 ½ while you were pregnant, and**
48 **you're still carrying roughly that at the moment, so you haven't seen a change as you say across**
49 **breastfeeding?**
50 *No, not, they say well... that was my motivation that I want to lose weight by breastfeeding but it's*
51 *not worked for me.*

1 And how did you feel about that weight that you had gained during your pregnancy?

2 Hard, hard to adjust, as I... I know I've had a healthy baby and that's more important which makes...
3 it's not... it is an issue don't get me wrong I mean, it's funny, I always say it every day that I need to
4 lose weight, oh I need to do this and it's... and every mo... every night I'd say right tomorrow, I'm
5 going to go for a nice... but it just doesn't work.

6 You've got all the intentions

7 Yeah, I, I want to do this, but tomorrow I'm going to definitely do this and I do restrict myself from
8 eating things as well, I think I'm not going to have that cos that's going to pile it on me or... where
9 before when I was like... when I, you know, when previously I could eat but it's like, I could eat good
10 things and then eat healthily as well and I never used to gain so much weight but now it's so easy to
11 gain.

**12 So have you felt like that since you had your little boy or have you got to a where you're thinking,
13 right I've started weaning, now I can get back to some kind of normality?**

14 Yeah, I will do now, because he'll have, he'll need less milk now won't he, so I won't need to eat more
15 oftenly now so hopefully.

16 So do you feel you're in a better position now?

17 I am now, hopefully, yeah, I will be

18 And was that the same with your other children as well, did you find that?

19 With my previous two it was more like... because I had them too close, erm I felt like it was more
20 like... I did breastfeed my oldest one for 3 months and my younger one, and after that they were on
21 formula milk, so that was more easier and then you could leave it with somebody and then you can
22 do what you need to do and go for an exercise. But because I'm breastfeeding, I know you can
23 express it but you need that time to express it as well, do you know what I mean, so I can't leave him,
24 I need to be there and the weather's so bad, it's a shame to keep getting him out.

25 So were you concerned about your weight during pregnancy?

26 Yeah, that's my fear before I get pregnant.

27 So you were concerned before you had...

28 Yeah, cos I gained so much weight it's hard to lose it. That's why I didn't want any more.

**29 So, was there anything that made that easier? Like you say, you mentioned, because you have a
30 healthy baby that's more of a priority?**

31 Yeah, it is a priority having a healthy baby but you've got to shift it off yourself.

32 It's at the back of your mind?

33 Yeah, it's always there, losing weight, losing... you need to lose weight

**34 So in terms of your priorities as a mum, were would you put managing your weight on your
35 priority list?**

36 Top

37 At the top?

38 He's first, then I come (unsure of word) with my fat

39 So in terms of your other roles as a mum, you know in terms of time and other things like that?

40 Ah see, see the thing is I want it at the top of my list but I can't because I've got some many
41 responsibilities

**42 That's the thing we find sometimes, people really want to lose weight but the actual reality of it is
43 that you can't achieve what you want to achieve because you've got all this stuff to manage at the
44 same time**

45 Yeah because obviously the routine I've got and I always say 'I'll join this', I can't, I've not got enough
46 time to do it and if I start doin' that now I'd be neglecting my kids and I won't get round picking 'em
47 up and stuff like that.

48 So being there for your children is more of a priority that making time for the exercise or...

49 Putting yourself first

50 And did you think there were any cultural influences on your weight?

51 No

**1 And then just thinking about some of the information you were given, erm during your pregnancy
2 and while breastfeeding and things, were you given any information or advice around weight by
3 anybody?**

4 No, because I... when my midwife came and she's, you know, when they talk to you: "oh don't worry
5 Love, it'll drop off, it'll drop off, keep breastfeeding, you'll be fine, you'll be fine" (laughs). It's not
6 worked for me.

7 And what about family and friends?

8 Oh you know what family a... my... but Husbands a bit like that; "oh you'll lose it, you've done it
9 previously, yeah you have". But it's not as easy as it's sa... said, is it? I know personally, myself that
10 I've got to, like, work round the children, work round the family, to put myself... lose that weight.

11 Just thinking out-loud really, I wonder whether you find it harder this time as opposed to before?

12 Erm, I am finding now because I've got more responsibilities now on top of that, because I have had
13 an 8 years gap between me second baby and him, getting to it, as well, is hard, it's hard, you know,
14 because the routine I had and the routine I've got has to change because of the baby, the whole
15 family life changed

16 So it's like a new dynamic?

17 Yeah, it's just... it just works differently now where before it was more like... when me two... I had my
18 other two, them two, was like... cos they were at home constantly cos they weren't in... in nursery,
19 they went in after each other so it was er... so I had more time to myself where I could spend time
20 with the kids and then leave 'em with somebody and then do a bit for myself, I can't do that anymore
21 because I've got the older ones and I've got the younger one now.

**22 Cos a lot of people say part of it is an age thing, some people say it's because I've got more
23 children and other people say it's because I've got less time. What would you say it is for you at
24 the moment?**

25 Less time

26 The time is the biggest thing?

27 The time, time, definitely, yeah

**28 Was there anybody else that gave you any information? Did you do any research at all about
29 weight during...?**

30 What during my pregnancy?

31 Yeah

32 No because obv... when I, I'd 'ave... when I had my oldest one it was more like you don't... it's your
33 first experience int it so you do read on it but just go along with it cos at the end of the day what you
34 read sometimes is not always... every circumstance is not the... it doesn't work... as a person... it's an
35 individual and for myself it was like different... pregnancy's fine I don't want it... I had no vomiting,
36 no dia... nothing, I'm, I'm just a normal person, it's just that I'm carrying the weight. I just bloat
37 myself.

**38 And did you find there was almost a... you know you could justify having a bit more or whatever,
39 because you knew it was inevitable that you were going to gain weight?**

40 I think it's more like when you're pregnant you restrict yourself from doing things, more like, you
41 know, like running or, you know, daily basis like when you're going up the steps, when you're
42 pregnant you don't go as fast because obviously you're carrying a baby and that's your priority so
43 you, you slow down, so on that form, form of exercise...

44 You're doing a bit less?

45 Yeah, you're doing less and that affects ya. It does cos if you, if your bodies used to it and wha... on
46 top of that when I was at work I was restricted because I work with children I was restricted from like
47 picking things up or you know er I was constantly sitting on a chair, I think that's what made it worse
48 as well. I wasn't doing much on my feet, if you know what I mean?

49 And are you planning to go back to work?

50 Yeah

51 Yeah. When do you go back?

1 *March*
2 **Ah, so you still have a bit of time left**
3 *A bit, well I've took a year out till May er my options open till May but because you don't get paid for*
4 *the last three months and it's so expensive I can't afford to stay... take that three months off so going*
5 *back in March*
6 **And do you think that will have any impact?**
7 *Oh my God, I can't even think about it. I don't know what it's going to be like. It's going to be maniac.*
8 **Do you think it will be a positive thing or a negative thing?**
9 *I think it will be more positive because I will have more time to myself, do you know what I mean? At*
10 *the moment, it's just me and the children and the family at home, I don't get to like see what's going*
11 *on outside the world, not to meet other people, it's only when I get to go to an appointment or, you*
12 *know, prioritise my... but other than that I, I don't socialise cos even if you've got a plan to socialise*
13 *something comes up and it's just put that to one side and you just think about your family first and*
14 *when at work I know I need to go into work and once I'm into work, you know, it's more like you get*
15 *to see other people, talk to other parents or talk to other people, get to know what's going on the*
16 *world.*
17 **And you can establish a new routine?**
18 *Yeah and I... I will be more into a routine now that what I am in at home at the moment, there's no*
19 *set routine at home, cos I'm at home at the moment and physically you get depressed at staying at*
20 *home*
21 **And do you think there's a bit more temptation at home?**
22 *Yeah because you've got food around you all the time*
23 **And do a bit less exercise because you don't have to...**
24 *Yeah, I don't... I've not set routine. I don't have to do it, it's more like, oh forget it, the weathers not*
25 *so-so, forget it, but if I'm at work I'll be going out, I would have to get out.*
26 **And did you attempt to manage your weight before you had children?**
27 *Yeah*
28 **Yeah, so did you have to work to keep yourself at that 9 ½ stone or was it....?**
29 *No, no, no, it was just naturally, it was just, it was just there, I mean years ago I would like just go like*
30 *two pound up or down or something but, no, but I, I didn't have to actually keep on, on top of it*
31 *saying that I have to do daily basis, I had to go for an exercise, no*
32 **It could just manage itself**
33 *Yeah, it could just manage itself*
34 **Whereas do you feel that's different now?**
35 *It is different now, yeah, I have to constantly do exercise*
36 **Think about it.**
37 **So say for example, we were going to support new mums or pregnant women to manage their**
38 **weight, what do you think would be the best way of doing that, do you think? Or at which point do**
39 **you think would be best?**
40 *Have... having more like clubs were parents could come... like new mums could come in and have*
41 *that half an hour of exercise where chil... the babies are looked after, like a crèche or something, so*
42 *as a parent, as a new mum as well it's more like you, you're going to, once you've been into a (unsure*
43 *of word), when you, you're pregnant and you've had your baby you go into this post-natal depression*
44 *cos obviously you're just constantly looking after a baby, it's like night and day int it and that's what*
45 *that is because and that's what we... personally give yourself up. If there was something like, well,*
46 *erm, I'm talking about 8 years back, Sure Start had that facilities, I'm not sure if you know about it,*
47 *Sure Start had... and I used to go a lot there, the, the children used to stay in crèche and have that me*
48 *time, the kids used to love it as well and we as a new mum used to get that opportunity to chill or do*
49 *some exercise or have more time*
50 **And have a bit of a break?**
51 *And have a break, yeah*

1 So would you say that in terms of managing your weight you would look towards more physical activity?

2 Yeah, physical activity and more like erm helping par... helping new mums to (pause) I don't know
3 because like obviously I... my personal view is that if healthy meals were done for new mums to
4 manage their weight then...

5 **That's half the job...**

6 Half's job, do you know what I mean? But you... I mean there is, there is... outside there is but they're
7 so expensive (pause) and bringing up a child and trying to maintain that is not, it's not easy because
8 maternity leave money is not a lot anyway so it doesn't fit in cos when you have a new baby it costs
9 an arm and a leg anyway

10 **So would you say in terms of managing your weight, after having the baby would be the best time to be giving that information and advice?**

11 Yeah, yeah, definitely, yeah

12 **And maybe putting something on in like a Children's Centre, would that be accessible do you think?**

13 Yeah, were new mums come in and, you know, have a crèche were the babies are looked after and so
14 we don't have to have that somewhere to look, like you know, we don't have time look for
15 babysitters cos nowadays everybody's got a hectic life and me mum, she's not healthy herself, she
16 can't look after baby.

17 **So it's childcare as well?**

18 Childcare and to go for a check, you know, things like that, and that puts you down. And in... like in
19 the centres' if we had er like just ses... you know a day session where you can come for an exercise or
20 where you could cook your meal or anything like basically, you know, giving us advice on how to
21 maintain your weight and...

22 **So would you have valued something like that do you think?**

23 Yeah, definitely... I did that when Sure Start did it, Sure Start Centre, I used to go in ev..., you know,
24 minimum I used to go in four times per week and that's how I made a qu, I got a qualification er to
25 become a child-carer, yeah, came into... and that's what er my motivation came into cos I had no
26 intention of doing a job like that, you know, working in a nursery or, well it was more like working in
27 a school, but erm when Sure Start opened they used to have this short courses for par... parents, you
28 know, new mums/ parents to start working. I was working but it wasn't like... I was working in a
29 factory and erm, it wasn't like... it wasn't going to work with me children let's put it to that, after I'd
30 had the children because obviously you've to think of... ahead, you know, once they go back to
31 school, how are you gonna like pick them, drop them off at school, so Sure Start and I'll give credit to
32 them, these... they did er a level one course and that's how I started; I did my level one there and
33 then I got into it, then... because another thing is that er they had crèche facilities and that was the
34 best thing, so the kids, it wasn't my kids... I wasn't neglecting my kids, my kids were there enjoying
35 themselves and meeting other ch... you know...

36 **Socialising**

37 Socialising with other children which, they need as well cos obviously there was only me and my two
38 kids at home all the time, they were socialising, playing and then I was doing more to... to bring... to
39 do something for them.

40 **That sounds really good. So just moving onto the diet side, er, would you just be able to explain what you believe to be a healthy diet?**

41 Eating healthy?

42 **Yeah**

43 Eating vegetables, fruit, erm, you, like... cutting down on your junk, I know that... but it's an easy
44 option. The problem is that's the easy option and the other thing is as well when you go and buy
45 these healthy meals from supermarkets, it is there but they are so expensive in fact you'd rather go
46 for a cheap option and I do it and it's not as healthy but you have to do it.

1 **And is there anything else that you would include in a healthy diet, you mentioned fruit and veg, is**
 2 **there anything else do you think?**
 3 *Fish, chicken, exercise; that's the most important. Just eating healthy more like fruit and veg and*
 4 *cutting out crisps, chocolates and, and your portions more I think.*
 5 **Yeah. And were you aware of anything specifically around a healthy diet for pregnancy and during**
 6 **breastfeeding and things.**
 7 *No, no*
 8 **Ok**
 9 *Just don't eat normal, just make sure you eat fruit, four meals a day er...*
 10 **A lot of people find er they're told about what not to have rather than what they should have...**
 11 *Do you know she not told me that, no, she said that you can eat anything cos I was quite concerned*
 12 *about peanuts and stuff like that and she said no, no, just eat as normal.*
 13 **And what's your diet like at the moment would you say?**
 14 *Like a Yo-Yo (laughs), like a Yo-Yo. No, I do, I do start and then it's like I said, it's like, I might do a*
 15 *healthy... I'll do a healthy meal and then a week, two weeks later something might come up and that*
 16 *just blows it, blows it out of the window and then I'm back to square one again. I do try and I make*
 17 *sure I do it and I keep to it and then something comes up or the baby is not so good or something's*
 18 *happened to the other child so you've lost that routine again and then you can't fit it in and then the*
 19 *other thing is that you can't pre-prepare your meals as well cos it's not nice, it don't taste as good, do*
 20 *you know what I mean?*
 21 **And how do you find cooking for different family members as well?**
 22 *That's the hardest, yeah, to eat healthy... for me to eat healthy, my other family members won't eat*
 23 *that, they won't eat boiled veg or... cos we're not used to it and cos I've never... I mean they've had it*
 24 *when they were babies but once, when they come into the culture and when they come into the*
 25 *family we tend to have a family... Asian food and we're so used to having it as a family and just*
 26 *having one thing together it's never... and if I start having a bit of boiled veg or boiled potatoes or a*
 27 *boiled chicken or something, they won't eat it.*
 28 **What kind of things would they prefer to have?**
 29 *Curries*
 30 **Yeah**
 31 *Cos obviously my children eat school meals and that's what they have but it's not filling for... cos*
 32 *they're not used to...*
 33 **Cos they're growing as well**
 34 *Yeah and yeah they don't find that filling and Asian meal they find... having just a proper meal is a*
 35 *filling for 'em so then they've cut down on junk, don't want be going for... like won't be grabbing a lot*
 36 *of fatty foods*
 37 **So do you have things like that in the home?**
 38 *Yeah*
 39 **For them to have when they come home?**
 40 *Yeah, it's prepared for 'em so it's like in the morning they have breakfast and then, you know, like*
 41 *cereal or stuff like that or sometime I might... if I've got time, if he's sleeping, I might make 'em a*
 42 *toast, it depends on time and then erm and then they have school meals because obviously I don't*
 43 *fan... I don't like 'em having... because there's so many va... I want them to taste different varieties of*
 44 *food as well cos there's so much out there and I don't want 'em to stick with one... they prefer*
 45 *packed lunch but I don't want them to do, because I want them to taste different foods as well and*
 46 *get used to it, cos then they won't get Asian meals, will they? And then when they come back from*
 47 *school, they have a bit of Asian food that might be curry or just a snack or something and then they*
 48 *go to Mosque and then we as a family have a meal together, which I think is very important.*
 49 **And what kind of snacks do you have?**
 50 *Snacks? It's more like onion bhajjis or erm it, it could be one of... it could be onion bhajjis or could be*
 51 *like toast and beans because obviously they go Mosque for another two and a half hours and er*

sometimes it could be just a curry what I've got... what they prefer to have, they might just want to have a curry with chappati and/ or sometimes it could be a pizza or something because obviously they have had a healthy meal in school and it... and I know... cos when they come home they're like craving for food and if I don't start giving in, they start eating like packet of crisps and chocolates and...

So would you have those kind of things in?

I do for the children, I do

And are you tempted by those kind of things?

I don't eat as much as crisps, I, well, I do get... the only... I've always had this habit it's from my young age, from my childhood that I need to have chocolate everyday and I can't stop that, even when I was normal, I can't stop it, I have to have one.

Yeah, it's like a habit

It's habit, it's... I feel I have took after me Dad, me Dad's were like... my Dad's still like that, even though in the winter, he still has to have an ice cream, that's a habit for him.

What was your diet like before you had children, was it different?

I have to look after... look out for it at the moment a lot whereas before I didn't, no, I used to have anything and everything

Yeah and it didn't really affect you

No, it didn't affect me in any sense at all. At the moment after having children cos obviously I've gained it and to keep it off, I have to really, really, really, restrict myself. That's what's hard.

And did you make any specific changes during your pregnancy in terms of what you were eating, did that change, did you have anything...?

No, I was just eating like my normal food but like the portion got a big bigger I will admit, yeah

Was that throughout your whole pregnancy or was it just at a certain point in your pregnancy?

I think it were, when I get to the middle, it's when I get to the middle, first few months I'm not bad, It's at the middle I start it and that's when my weight starts to gain and that's where I get an... and then people think that, no, you're too... bloated but, no, I haven't bloated, I do gain weight because I eat more because I get hungrier. I mean I've never had that problem before but my next door neighbour would get up in the idle of the night to eat, I never used to do that, I just used to just eat at night and then go sleep but the first thing I had to had something when woke up in the morning, when I'm pregnant, I have to have something to eat straight, it, it want like I could wait 10-15 minutes later, no, I have to have something to eat or I'll be like... if I don't eat, I start vomiting.

So you need something to settle your stomach?

Settle stomach down yeah so I have to have something to eat first thing

And was there anything cultural that you were told to have to help with the baby?

Yeah, drink milk

Milk?

Milk!

Was that just during pregnancy?

Yeah, make sure I drink milk before I go bed.

And was there any reason given for that?

They say it, it keeps your stomach cool cos obviously, you know, and it's healthy for the baby cos it's all the vitamins and minerals erm and nutrients you get from the milk and that's where it all starts don't it cos if you start having, you not, your body's not used to having a glass of milk every night and you start having this glass of milk every night...

It makes a difference?

It does, it affects your body... that's were all the weight gain comes and making sure you eat, you can't skip, like, you know, you want to skip a snack or something but you can't because you have to eat because obviously in the back of your head you're thinking you've got a baby to look after.

And what about during breastfeeding or at the moment, have you been advised to have anything specific then?

- 1 *Yeah, but... in... well this is our culture in the first 40 days after your birth you tend to have these*
 2 *special things what's made which is very fatty, I used to make sure they huh don't put that in, that's*
 3 *too fat for me, it's like, I don't know what you call it, ghee, do you know what ghee is?*
 4 **Yeah**
 5 *It's like butter int it? It's like... It's ghee and that's a lot fattening and it's made out of, like just make,*
 6 *make, a few things out of that for yourself to help your body recover after your pregnancy so it's easy*
 7 *option to have, to start having body recovered and it's good for your baby if you're breastfeeding, er,*
 8 *it's for the flow of your milk.*
 9 **Are there any other changes that you made?**
 10 *(Pause) Er... changes... in breastfeeding? (Pause) Erm, I enjoyed breastfeeding don't get me wrong*
 11 *but I think it's, I don't... I enjoy it and I don't enjoy it, if you know what I mean? I enjoy it in a sense*
 12 *where I'm getting all the, the child's getting the best out of me but that then the breastfeeding is*
 13 *restricting me from going on a strict diet do you know what I mean so if I didn't breastfeed I would*
 14 *have really thought about getting on a diet straight away and then it would be easy for me to lose*
 15 *my weight cos I'm not eating four times, four times a day, I could cut down and at the moment even*
 16 *if I was to like say I won't eat this today but then if I don't eat, how am I going to produce milk?*
 17 *There's no sense in producing milk is there? And that's where I have to think of it, two ways.*
 18 **So who influenced those changes that you mentioned, you know, with the milk and er having**
 19 **ghee, who was it that advised you to do that?**
 20 Me mum!
 21 **You're mum**
 22 *She had loads of ideas*
 23 **So in terms of your diet, would you say that she was your biggest influence?**
 24 *Hmm, she used to come and make it to make sure I ate it.*
 25 **More so than the Health Visitor, Midwives...**
 26 *Yeah, yeah*
 27 **Or anybody else would you say?**
 28 *Yeah, you know, it's like, me Mum she used to make, bless her, she used to come in every morning*
 29 *and give me my bath and make sure she used to make the healthy thing for me and then she made*
 30 *sure that I ate it before she went home, so you couldn't have skived off.*
 31 **So she looked after you?**
 32 *Yeah*
 33 **Were there any changes that you wanted to make to your diet but didn't for any reason?**
 34 *Erm, I feel I could have cut down on some food like instead of eating like... I used to eat chappatis but*
 35 *I could have done that oil free chappatis, but like we say you don't think about it, you just, you just go*
 36 *along and you just think it won't do any harm, I'm pregnant, you know, what I eat, I'm sure I'll lose it*
 37 *but it doesn't work. In saying that, even though this, this third pregnancy I made sure I didn't eat as*
 38 *much as I did with my other and I still gained weight, I still did. I looked after myself and made sure I*
 39 *didn't eat as much as I did with my other pregnancy- still gained weight.*
 40 **It must have been natural for you**
 41 *Yeah, it wasn't more like er my eating was makin... it was just mentally and physically, I don't know, I*
 42 *just gained that way.*
 43 **And was there any advice from your Health Visitor or Midwife about your diet?**
 44 *No*
 45 **And again just in terms of priorities, where would you put diet on your priority list; weight was**
 46 **right at the top, where would you put diet?**
 47 *I would say the top- it is, every day I say to my Husband, I do buy... I go and buy vegetables, I bought*
 48 *a chicken breast the other day, I bought a handful of 'em and I put them in the packet and I freezed*
 49 *them so I could do it every day but it's the fact in... and I say that and then the baby plays up or my*
 50 *other child's not feeling so good and, and then when I go to do a family meal I'm just about to get a*
 51 *family meal done or, I don't even get that done until my Husband gets back from work, so if I start*

1 *doing a meal for my... on my own as well then I would never get round to doing my housework, cos*
 2 *obviously it does take time you knowing cutting vegetables and plunking it in or, cos obviously you've*
 3 *got to have a...*
 4 **Keep an eye on it as well while you're trying to look after...**
 5 *Yeah, yeah, so it's like cos I'm doing it for myself as well that's what more hard it is, is because it's for*
 6 *myself int it and I'm not like, thinking like 'oh well forget it, it's alright, I won't do it now'*
 7 **Cos a lot people say as well that the family comes first so they might want to lose weight but the**
 8 **needs of the family take priority**
 9 *That's what I mean, yeah, because obviously I, I do have to cook for my family and that is a priority*
 10 *cos obviously that's what my husband expects from me when he comes home and we all have a*
 11 *proper meal and me, me boys do as well cos they're so used to having that family meal and a*
 12 *sensible Asian meal that they won't eat all these healthy options*
 13 **So do you think that there are any other barriers, anything else that stops you from having a**
 14 **healthy diet, other than anything we have mentioned?**
 15 *Well if my family ate it, I would have been able to, if they cooperated and helped me in that sense*
 16 *then yeah I would have cos if they're sat there eating that then I would have been cooking the same*
 17 *for them and myself.. and then it would have been more like not using a lot of time up and I would*
 18 *have been buying more fru... of the healthy options. Well, see my husband he wouldn't eat pastas*
 19 *and bland, bland food and the kids won't eat bland food, they don't really like it, cos they're not used*
 20 *to it.*
 21 **So it's taste?**
 22 *Yeah, taste is an issue, so to make tasty food, you use fa.. fatty food, fatty stuff don't you, cos you*
 23 *need more oil and to make your food more tastier and you put more spices in, put more of that in*
 24 *and use more tomatoes and, do you know what I mean, so that all mounts up*
 25 **Is there anything else that you think would help you? You mentioned if they all liked the same**
 26 **things, is there anything else that could happen that could make it easier?**
 27 *I think if we were all like... did more activities together and, you know, did more, but it's time as you*
 28 *say, time is a barrier for me. Other than that, no, cos obviously if we all ate healthy then we wouldn't*
 29 *have junk in the house now would we, we wouldn't be eating it but yeah.*
 30 **And then just the last thing around physical activity, are you aware of how much you should be**
 31 **doing physical activity wise, are you aware of any recommendations?**
 32 *I'm not, I'm not, no, but they say like, you know, you should have like... you should walk an hour a*
 33 *day or go swimming three times a week for half an hour, 45 minutes. There, there... I'm sure the*
 34 *recommendation is 3 times a week you should do formal exercise, is that... am I correct?*
 35 **It gets a bit difficult with things thrown around but there's 5 x 30 is the one that they use at the**
 36 **moment, so it's 30 minutes 5 x per week, but that is just general . And are you aware of anything**
 37 **in terms of pregnancy and during early motherhood as well?**
 38 *No, just like doing er after you've had the baby obviously doing them erm, no, no, to help your pel...*
 39 **Pelvic Floor**
 40 *Pelvic Floor, that's it, no*
 41 **Did anyone ever talk to you about doing exercise?**
 42 *No, I don't know if there's anything around, if there's... I don't think there's anywhere you can go to*
 43 *have, to do pregnancy exercises*
 44 **And how do you feel about your physical activity at the moment?**
 45 *Do you know what, I'm laid back, laid back because the first is that... the weathers not good so you*
 46 *can't really go out as oftenly and er and the other thing is if you want to join the gym, is the time, the*
 47 *time*
 48 **And what was it like before you had your children, was there any difference?**
 49 *Er no, cos I didn't need to do it (laughs) and I was happy with the weight I was so I didn't need to do it*
 50 **So when you lost your weight before, did you do any more physical activity then?**

1 *I did, I did a lot of walking, I used to put my two chil... after I'd, after like, you know, when they*
 2 *were... one was about one and a half and the other was about eight months er I used to put them in*
 3 *a double pram and I used to walk for an hour, hour and a half every day I used to take... but that's*
 4 *only because I could have done it because would have... I had no other responsibilities from like*
 5 *sending them to school, or, you know, I had to do this or I had to do this at this time, I could go at any*
 6 *time like if the weather was so... if it was dry in the morning I could put them in the pram and go. I*
 7 *can't do that any more*

8 **So do you think that really helped in terms of bringing your weight down previously?**

9 *Yeah, yeah*

10 **And you think walking?**

11 *Walk... yeah, I didn't join any gym and er I did eat healthy, I did in the sense of like er boil... having*
 12 *boil... one meal was like a boiled veg and er I used to have... what was it boiled veg or jacket potato*
 13 *and stuff like that and then one family meal in the evening*

14 **And did you find that easier because they were only small?**

15 *Small, and they were at home, you know, and I could do... you could fit your day really easily. At the*
 16 *moment, I've got like three different routines, like my Husbands I have to make sure I cook for him,*
 17 *then I've got to make sure my kids are gonna eat the same thing, if not I have to do something*
 18 *different for him, for them, and then making sure that all the time fits around school time, Mosque*
 19 *time and all that responsibility of getting them prepared for school or do reading at home or making*
 20 *sure they pray before they go Mosque, so it's all that, all that time*

21 **Then you've got yourself**

22 *Then I've got myself, then I've got him to sort out, when, when... I don't even get time to watch tele,*
 23 *mind you, having me time*

24 **So did you make any changes during your pregnancy in terms of exercise, you mentioned maybe**
 25 **doing a little bit less, being a bit careful.**

26 *I did, yeah, I didn't do... I wasn't like an active person, I wasn't, no, I was taking... like obviously when*
 27 *I was pregnant cos it... you slow down don't you cos you've got the responsibility and I was working*
 28 *to the end, the car was the option, used the car more and I was restricted at work from not going up*
 29 *and down the stairs that much or like not going, not doing outdoor play, and that's a form of*
 30 *exercise, you know, just doing outdoor play with the children, I wasn't doing it, because obviously I*
 31 *was pregnant, and it, obviously you've got to think about yourself, the workplace were like looking*
 32 *after myself like thinking they didn't want anything to go wrong cos obviously the age I'm working in,*
 33 *they don't know do they, so?*

34 **So have you found that the information and advice around physical activity is more about doing a**
 35 **bit less?**

36 *Less, yeah*

37 **And taking it easy and not putting yourself into any harm or anything like that?**

38 *Yeah, well the baby now, yeah, make sure you're should being careful and that's what the impact*
 39 *comes in*

40 **And then how about during the breastfeeding/ weaning time, did that change at all, was it**
 41 **different?**

42 *Well, now I have started weaning, cos I tend to like cos obviously I've got to prepare his meal now*
 43 *don't I, obviously that's another meal for me to do as well so obviously I prepare his meals and freeze*
 44 *them but obviously I can't do a bulk of it cos he would get bored of eating the same thing so I've got*
 45 *to make sure I do a bit and then a few days later I might have to do something different so that, cos*
 46 *obviously I have to make sure that it's like all sterilised, and that's where the time comes in again,*
 47 *and time comes in again, yeah, and then... at the moment, I'm... physically now I feel like starting*
 48 *restricting myself from eating cos obviously he's started weaning so he won't need as much milk cos*
 49 *he's happier eating than having my milk now, so in a sense of that I will have more time to myself*
 50 *where we could do more exercises cos obviously milk was like every two and half hours of feeding*

- 1 him or like it could be one an hour so we are going to start, when he started weaning I could go for 3
 2 to 4 hours cos it's filling for him.
- 3 **When you were saying about your walking, did you enjoy that?**
 4 I loved it, I love walking
- 5 **So other than your weight, did you get any benefits from it?**
 6 It was more like fresh air and like er I used to go to an area where I did meet a lot of people, don't get
 7 me wrong, the only reason I went was cos obviously I knew I was going out for one reason, to lose
 8 weight, not socialising
- 9 **So that was your main influence?**
 10 Main sort of influence, so I need to walk to lose weight and if I keep on stopping, it is not a form of
 11 exercise for me.
- 12 **And would you say that's your biggest influence now to do exercise, to help with your weight?**
 13 In what sense?
- 14 **So do you feel that the biggest thing that makes you want to do exercise is the fact that you might
 15 lose weight?**
 16 Yeah
- 17 **So that's your biggest motivator?**
 18 It's exercise, it's exercise, you do get somewhere with exercising, it does help, it does help and at the
 19 moment I do want to do it but it's like, it's like in the morning I'll say right I'll... but then I have to feed
 20 him his breakfast once I have fed him his breakfast, I have to get basic housework done, then when I
 21 have done my housework, it's dinner time, obviously, then I've got to prepare his dinner, he wants
 22 his meal, then he might have a nap and now I'm preparing for the meal for the family.
- 23 **And what would you say is the biggest barrier?**
 24 Time
- 25 **Time**
 26 Time, I don't have enough time. But then, I sometimes think that if there like was facilities around in
 27 Bolton where we as parents, new parents or newly mums or whatever you would make that time, do
 28 you know, like today I have come here and I knew I had to come here so I have left things, I have shut
 29 the door, I have shut the door behind me, obviously I knew from yesterday so I was prepared from
 30 yesterday night, you know, I need to do this, make sure I do this before...
- 31 **Do you think that helps, having something that's a set time?**
 32 Set time
- 33 **Like you say sometimes, if you've not got that routine, then sometimes is quite good to know that
 34 I've got to do this at this time and go there or whatever**
 35 Yeah, yeah, so well today I knew I had to come here so obviously you know he had to wake up late
 36 but that wasn't a bad idea, I can do my housework, then he woke up, I gave him his breakfast and we
 37 shouted out, left the other stuff behind, I know I am going to go back to it and do it so something
 38 like... it's motivating, motivation, if there was something out there where parents were more
 39 motivated then we... it would be an easy option
- 40 **And in terms of priorities, where would you have put physical activity?**
 41 5
- 42 **Yeah**
 43 5, that's right in the middle that
- 44 **Why would you say that would be different?**
 45 Cos I haven't got time to do it, it's only the time, if I had the time... I want to do it, don't get me
 46 wrong... I mean if that was er the issue, if, if somebody else did my housework and did all my chores
 47 then I could walk, I would walk, I'd do lots of walking and do lots of exercising
- 48 **So did anyone speak to you exercise or physical activity whilst you were pregnant?**
 49 No, no
- 50 **Is that the same for like family and friends as well?**

1 Well, er my sister started walking after she came back from work and I used to be like be prepared at
 2 quarter past 12 and we used to go for a walk but the thing is, she's got a baby, I've got a baby and
 3 when you start walking at quarter past one, it might be pouring it down, so that stops you from
 4 doing it, do you know what I mean?

5 **And would you say there are any cultural barriers to exercise?**

6 Funnily enough there might be for some other er Asian women, yeah, but for myself, no, I'm not
 7 restricted in any sense

8 **And if we were to make improvements, I know we have already mentioned a few things, what
 9 other improvements do you think could be made to the advice and support that we offer, you
 10 mentioned maybe having groups that motivate?**

11 I personally think more like erm do you know all these Midwives and when you've had the baby, or
 12 before you're pregnancy, that, you know, during your pregnancy, or before your pregnancy that
 13 more advice is given that you don't need to eat much or you can do this exercise, so where Asian
 14 people gets that mentality out of their head then, no, it won't do any harm.

15 **So you would prefer from the Midwives while you're pregnant?**

16 Yeah, yeah and that advice like, no, there should be some sessions set out where the couples could go
 17 and like speak to... and it's more like in more practice you know what I mean, that would help yeah
 18 and I wouldn't be forced to eat certain foods that I knew is fatty food

19 **So that bit of extra support during that time. And you think, I mean ideally both, giving that advice
 20 during pregnancy but then providing support after pregnancy as well?**

21 Yeah, I think nowadays Midwives because they're, they're less now and they haven't got time to
 22 speak to you anymore, give you that help that as a parent you need cos the poor Midwives has got so
 23 much to do

24 **So it might not be their role but like you said, somebody else could help with that?**

25 Yeah, yeah, yeah or somebody else set out where erm helpers for... with er with a few mums and I
 26 think if you were giving that support not necessarily but no-body would have that problem with
 27 weight los... er weight gain, would lose it within a few months and I know some of my friends have,
 28 they've dieted themselves to death and they're so thin now with all the pains and gains, they've,
 29 they're actually in pain now cos they've not looked after, cos they've not done that sensible exercise,
 30 they've actually pushed themselves too much for them to lose that weight because they want... that
 31 mentality is that I want to lose that... every woman wants to lose their weight after pregnancy, you
 32 want it dropped off, but it doesn't work, the reality is not working, is not working.

33 **And just to finish, are there any other comments you wish to add or that you wanted to talk about
 34 that we haven't mentioned already?**

35 Er no, I think, it's like, it's more like, do you know like when you say it's more exercise should be done
 36 in pregnancy but it's like it's individual as well int it, you know some people might be healthy so
 37 women are not healthy so all that (unsure of word) should be taken in and like those who are
 38 unhealthy you know who've not, should have that form of area or groups were they could get that
 39 support cos it's not there.

40 **There is a definite gap**

41 There is a gap there, it's not there anymore and because this world that we live in, we are restricted
 42 from going out so much and it's so expensive, you know what I mean, and I have just heard on the
 43 news that if you have more than 2 babies you're child benefits are going to be cut and that's not
 44 going to help is it, that's going to be that poverty again, so to go for healthy... we're not going for the
 45 healthy options

46 **You have all those barriers?**

47 Yeah, and so we're all going into a barrier where we're eating as, as a comfort, it's comfort eating,
 48 basically because you're worried, worried for the future, worried for your children and, and that's
 49 where we go wrong, we're going wrong so we're going for the cheap option and the cheap option is
 50 affecting our bodies.

51 **Like you say, you're being forced into that in a way because of the environment**

1 *Yeah, yeah, cos you go for the easy option, like, you know, nowadays costs 50p or 20p, go for*
 2 *cheaper option, you go for 20p, but there's so much fat in it but when you go for a vegetable or salad*
 3 *portion, it's like two quid*
 4 ***If you're feeding a family, it soon adds up doesn't it?***
 5 *Ready... even if you say go for a ready prepared salad, yeah, but that salad I need half a packet for*
 6 *myself, they're only about that small, for me to eat... fill myself, I need half a bag and you can't just*
 7 *survive on salad can ya?*
 8 ***No, definitely not***
 9 *You need something else on the side to fill yourself up and that's where we go wrong; healthy options*
 10 *are expensive and we all can't stick to it, even though indoor activities are so expensive to do we*
 11 *can't afford it when you're bringing up children, when you're single it's fine, you cut down but*
 12 *priorities are chil... your child, you need to make sure your children have everything, well I'm not*
 13 *saying everything...*
 14 ***Everything they need***
 15 *They need, but to fulfil that you have to cut yourself down and your priorities are right at the bottom,*
 16 *right down, a lot, a lot, and you're not looking after yourself and that's where we go wrong.*
 17 ***Ah brilliant, thank you so much for that.***

- 1 **So, Participant 4e. So just to start with, focusing on the weight side of things first of all, could you**
 2 **explain what you believe to be a healthy weight?**
 3 *Erm*
 4 **Just in a general sense**
 5 *Well, erm, in, do you mean what weight I would like to be or just generally*
 6 **Just in general**
 7 *Erm, well it depends on your height as well doesn't it, so, like for my, like for myself I think 58 kilos,*
 8 *would be a good weight, yeah, not... I mean not too skinny and obviously not too fat, yeah*
 9 **And are there ways that you know of that we could measure that, do you know any ways that we**
 10 **could do that, measure somebody's weight and if they're healthy?**
 11 *Obviously scales (laughs), yeah, and scale and sometimes you feel the scale is not accurate or, so, I, I,*
 12 *erm, with tape measure as well to see like... I mean obviously if you go on a diet or something you'd*
 13 *like to see if you've lost some inches, erm, so with a tape measure and obviously with the scales, so,*
 14 *yeah*
 15 **And were you aware of any advice or recommendations during pregnancy around weight gain,**
 16 **how much you should gain? Did anyone ever give you any information about that?**
 17 *No, not that I can remember of, no*
 18 **That's fine. How are you feeling about your weight at the moment?**
 19 *Not happy (laughs), I'm not happy, I don't know I think it's, er, it gets harder every time, because,*
 20 *erm, like, after my first son I felt like I've lost... I've not lost it immediately but gradually I did lose*
 21 *what I wanted to and I was the weight I wanted to be again*
 22 **And how long did that take?**
 23 *I would say about 6 months, because, erm, after 6 months when I went back to work I was, erm, I*
 24 *was like... everyone was saying like I look like I haven't had a baby but maybe it's only because it's*
 25 *the first one, cos then after my second one I found it a bit more harder to lose the weight and then*
 26 *after him it was even harder, (laughs) yeah, I'm still struggling (laughs)*
 27 **So after your second one, how long... did you get back down to what you were before**
 28 *Erm, no I didn't, I stayed, cos I, I don't know, I felt like cos maybe with the first one I breastfed for two*
 29 *years and with the second one I didn't breastfeed, so, I don't know if that was part of it, of not*
 30 *getting to lose the weight as fast as I did the first time but then with the third one I, I didn't lose as*
 31 *much as with the second one so I've picked up even more with him, yeah*
 32 **So would you mind saying where you are now in terms of your weight and where you would like to**
 33 **be?**
 34 *Erm, I'm 65 now and I would like to be 58 or 57-58, yeah*
 35 **And is that what you were before you had your first?**
 36 *No, no I was 43*
 37 **Wow, tiny, tiny**
 38 *It was (laughs), I was 43 kilos, I was telling my sister cos she's 43 now and I was telling her I was 43*
 39 *when I came the country first, cos when I came and they did all my height measurements and things,*
 40 *so, he said to me I'm a bit underweight (laughs) but that's how I've always been, I've always been*
 41 *really tiny.*
 42 **So have you ever had to manage your weight before you had children then or like you say were**
 43 **you on the smaller side?**
 44 *No, I used eat whatever I want to, yeah, used to live on junk (laughs), cos, erm, I studied, I studied like*
 45 *5 years away from home and like I wasn't used to the Indian food were we lived like and, er, most of*
 46 *the time I used to have bread with a packet of crisps on it, I put my crisp on my bread, so I said to my*
 47 *mum that's my food (laughs) cos I just couldn't get used to the food, like some of the food, I used to*
 48 *eat some of it, but yeah, so...*
 49 **And you never put weight on?**
 50 *No*
 51 **You were always about the same?**

- 1 They were always worried about me, so I used to go for the test as if I'm diabetic or, cos I just didn't
 2 have the appetite and I just, I used to be on medication to get appetite to eat, yeah, and, er, I think
 3 after my studies I was fine so I was like, for me it was like healthy, 43
- 4 **So do you think that weight gain is because of the pregnancy or because of other things to do with**
 5 **the pregnancy like maybe finding that you were eating more or doing a bit less exercise, or...**
 6 Well I think it's both, erm, I think it's because of the pregnancy, like, erm, I think my appetite
 7 increased and sometimes I used to crave for the wrong things, like I'll stop eating something but I'll
 8 eat a lot of chocolates maybe, yeah, so...
- 9 **And did you find you put on a lot during pregnancy?**
 10 Yeah
- 11 **Can you remember how much you gained?**
 12 Erm, well I, I wrote, wrote it down actually, I don't know where the book is, erm, but I know I was 43
 13 and after my first one I was, er, I picked up a whole 10 kilos, yeah
- 14 **So you were 53**
 15 Yeah, and then I know, and I was so used to it already then I know when I go and give birth I'm gonna
 16 lose about 4-5 kilos, so I'll go down back to 50 and that's how it was, even with the second one, from
 17 50 then I picked up to 63 like that, just like, so, yeah, it, I think about 10 kilos every time I picked up,
 18 yeah, and then just lost a few after birth
- 19 **And were you ever concerned about weight during that time, during your pregnancy, were you**
 20 **concerned about it at all?**
 21 Erm, no, not really, I, I don't know, I, I think you feel like it's an excuse, it's ok...
- 22 **It's inevitable that you're going to gain**
 23 Nobody will say anything because you're expecting, yeah, so (laughs)
- 24 **And did it have any effect on future pregnancies, did you worry about it when you were having**
 25 **your next one, that you might gain, or a gain did it not?**
 26 There was that little worry, just thinking about having to lose it all again, going back to square one,
 27 it's because sometimes you feel like you've worked all this time to lose the weight and then you find
 28 our you're pregnant again and it's like 'oh, no!' (laughs), so, yeah, it does, yeah... put it all back on
 29 again
- 30 **Did you assume maybe that after the first one that it would come off again?**
 31 Erm
- 32 **As it did before**
 33 After my first one?
- 34 **Did you assume that as you had more children, the same thing would happen again?**
 35 Yeah, that's what I thought, like, I'll just lose it all gradually, but it didn't happen after the second and
 36 third one. I think after the third one was the worst because, erm, I had, erm, I don't know, I think the
 37 Doctor said it's called psitis, something, yeah, it's like, erm, sometimes I just get this excru... like
 38 really pain in my hip, so because of that I never used to walk as much or do much activity with him,
 39 especially towards the end, it was difficult for me, yeah.
- 40 **Did you gain more weight with your third?**
 41 With the third one, yeah, so, I felt like that was like also, cos like with the first two I used to walk a lot
 42 and, er, with him there was like hardly any at all, yeah, so...
- 43 **So you gained more and that might have been because of the exercise?**
 44 Yeah, because I used to like, they go with my sister everywhere, take the taxi everywhere I never used
 45 to do any walking basically, yeah, so, I don't feel like I had that chance of burning off, I mean like
 46 sometimes you don't burn off all the calories but that little activity like sometimes helps a bit, yeah,
 47 so
- 48 **And were there any cultural influences on your weight at all, do you think?**
 49 Erm, no
- 50 **Some people say some of the foods they were encouraged to have can be quite high in calories so**
 51 **maybe it didn't help, did you have anything like that?**

- 1 No
- 2 **And how about your weight during breastfeeding/ weaning time, you mentioned it gradually**
- 3 **maybe came off with the first and did you not see much change with the second or the third, how**
- 4 **did it...?**
- 5 No, I didn't, because like when I was breastfeeding him, like, I don't know, I think, even during
- 6 breastfeeding you tend to eat, you have like a healthy appetite and, erm, I, I, I didn't lose it like I did
- 7 with the first one, cos I didn't breastfeed my second, cos she was ill so they put her on the bottles,
- 8 yeah
- 9 **So do you think breastfeeding might have helped?**
- 10 Yeah, I think it did, yeah, especially with my, I don't know, like, with... I think my stomach went down
- 11 quicker, whereas with **** I didn't breastfeed her and I felt like it, erm, like, even like when I used to
- 12 press it used to be sore for longer, it was sore for longer, yeah, so, I think the breastfeeding helped,
- 13 yeah
- 14 **And have you fed your third for two years as well?**
- 15 Yeah, two years as well
- 16 **And how do you find doing that for so long?**
- 17 (Laughs) I don't know, it was just hard to stop him actually, yeah
- 18 **And how did find the weaning, did that have any effect at all?**
- 19 On myself?
- 20 **Yeah, cos some people say because they're not breastfeeding as much and because they're having**
- 21 **to eat more food that maybe the child isn't eating, they put a bit of weight on, did you find that at**
- 22 **all?**
- 23 No, I didn't, for me it was just, you know, I, I thought... [j#k,#n yeah
- 24 **And did you get any information from the Midwife or Health Visitors, or did you do any research**
- 25 **yourself around weight in pregnancy or during breastfeeding?**
- 26 No, during the pregnancy, the one thing you concentrate on then is, is the baby, I don't think you
- 27 worry that much about yourself, like even with the Midwife, like they'll weigh you in the beginning
- 28 and you don't hear about your weight again, but, erm, it's more the growth of the baby and is the
- 29 heart beat there, so... what, if, if there's any research I do, I check, erm, week 26 and see the size of
- 30 the baby, what the baby is suppose to be doing and I think it's like during pregnancy, there isn't that
- 31 where you're concerned actually about yourself in any way
- 32 **So in terms of priorities, during your pregnancy, where would you put weight, so say it was like a**
- 33 **scale of 0 to 10, 0 being not at all and 10 being the most important thing, where would you have**
- 34 **put weight during pregnancy?**
- 35 2 (laughs)
- 36 **And then afterwards, did that change?**
- 37 Erm, it did a bit, yeah, with the concern that it wasn't easy to lose it, cos you've got it in your head
- 38 that after pregnancy it'll just go or I'll lose it but, erm, but I don't think you take into consideration
- 39 that it's gonna be really hard, yeah, so, that did change and for my first pregnancy, I really wasn't
- 40 bothered, I just thought, I'll lose it all again, erm, with my second and third, I, I've noticed like I, I
- 41 don't cut down but like, I ate more healthy, yeah
- 42 **You become more conscious**
- 43 Conscious, yeah, I was more conscious what I'm eating like and how much I'm eating like, so...
- 44 **And do you think it was maybe harder because you had more children to look after as well, that**
- 45 **time wise there was a pressure?**
- 46 Er, yeah, I think, yeah, there was that as well.
- 47 **So what would you say is your biggest barrier to losing the weight, what do you think stopped**
- 48 **you?**
- 49 After pregnancy?
- 50 Yeah

1 *Erm, I don't know, like you say, like, erm, like if I have to stay home on my own, I'll be fine, I would*
 2 *lose weight in no time* but it's getting invited out to people's houses, especially when I was with my
 3 partner that time, even during pregnancies like 'eat, eat, you need to eat for the baby' and it's like
 4 they dish for you as well, so, yeah, but, erm, when I used to feel full, I would stop, I wouldn't eat what
 5 they've dished for me but, er, it's, it's, I think it's one of those things putting the weight on
 6 **And is there anything that would help you to lose weight do you think, anything that motivates**
 7 **you do you think?**
 8 A boot, I'll go to a boot camp (laughs), no, I think what motivates me a lot is normally like
 9 competition, like, yeah, if somebody says there's a prize then obviously you'll work towards it and
 10 that's something that would motivate me like, yeah, if I enter a competition, I think I need that like
 11 much of pressure, otherwise it's like...
 12 **Other things take over?**
 13 Yeah, and it's like, erm, it's like, some... like, sometimes I try and I think to myself, why am I doing it, I
 14 don't know it's like, you basically bring yourself down, yeah, but like if you, I think if you aiming it like,
 15 doing it for something and you know there's people involved then it's, erm, easier.
 16 **And you kind of justify it to yourself don't you as well**
 17 Yeah, so, I think always like in a group, like if you're a group of ladies who want to lose weight and
 18 it's not like, erm, like how we had was like for me it was like, not mild, it was good, I enjoyed it a lot,
 19 besides losing the weight I have learnt a lot as well but its erm, but it's that thing of knowing that
 20 there's a competition, yeah, so, like, I think everybody will like put their best foot in front, yeah, it's
 21 like basically being back at school, you have to lose, so, yeah (laughs)
 22 **But that brings me onto the next question really, so, do you think that there is a gap in the support**
 23 **that is offered to new mums to manage their weight and if we were going to offer something, if**
 24 **we could offer something like a group or a one-to-one, do you think something like that would**
 25 **help?**
 26 Erm, yeah, it probably would, depending on the individual, but I think like having that support does
 27 help a lot, yeah, especially for new mums because it's like their world revolves around the new baby
 28 now or in pregnancy obviously the baby still and I think that'll be good like taking their mind off
 29 things and like thinking about themselves for a bit, yeah
 30 **Yeah, which seems to be hard to do, obviously, but... yeah**
 31 So, yeah
 32 **So do you think that might help?**
 33 Yeah, I think that would be a good idea
 34 **And is there was a particular time that would be better or would you say that was just down to the**
 35 **individual when they're ready?**
 36 Erm, well, it's probably down to the individuals, but I would have liked to start like... like two to three
 37 months after pregnancy when you feel nice and strong again
 38 **Some people have said that it's been difficult because of the breastfeeding, that because they still**
 39 **want their breast milk to still be very good quality, they found it hard to maybe change their diet**
 40 **or do a bit more exercise because they still wanted to be able to provide good quality milk for their**
 41 **baby and that was a bit of a barrier. Would you say that or would you just get on with losing**
 42 **weight and you don't think it would affect your milk?**
 43 Well I'd still like to eat healthy but then at the same time not, I wouldn't say losing weight, but
 44 sometimes, I mean with walking, walking and that, it's exercise and if you're eating good and your
 45 still doing that activity I... you still lose a few pounds, yeah
 46 **Yeah, you can still manage it**
 47 Yeah
 48 **So just moving onto the diet side, erm, could you explain briefly what you believe a healthy diet to**
 49 **be?**
 50 Well it's definitely not one I'm having (laughs). Erm, well, I think obviously you have to... well that I
 51 have learnt from you now.

- 1 **Putting you on the spot (both laugh)**
 2 *Portions (both laugh)*
 3 **Portion size (both laugh)**
 4 *Portion size, yeah, erm, and I think, erm, like, especially when we did the portion size I never thought*
 5 *it such an important thing for your diet, I just thought that as long as you eat the good food, you can*
 6 *eat as much as you want and, erm, and I always thought like dairy products was really good, so*
 7 *always have a lot of milk, a lot of cheese and you learn about it and you think 'I'm having way too*
 8 *much of it', so I, I think like, erm, just having everything with good portions, yeah*
 9 **So eating in moderation**
 10 *In moderation, yeah*
 11 **And are you aware of anything specific during pregnancy or breastfeeding around diet?**
 12 *Sorry*
 13 **Were you aware of anything during pregnancy or in breastfeeding around diet?**
 14 *Erm*
 15 **Anything extra other than that, that you were aware of?**
 16 *No, I think in those two times, you just eat whatever, whatever you crave or whatever you want. And*
 17 *it's like the excuse, I mean I know it's probably an old wives tale where they say 'you're eating for*
 18 *two', so, but then I still think how does your appetite increase that much during pregnancy when you*
 19 *know like before pregnancy, you wouldn't have that much of food and then in pregnancy it just...*
 20 *you're appetite jut grows, so, there is probably eating for two (laughs)*
 21 **And would say that was all the way through you noticed that change in your appetite or was it at**
 22 **a specific point?**
 23 *Erm, well I'd say it was like I, I've noticed I started eating more since my fourth or fifth month*
 24 *because I know my stomach was really flat until my fifth month and I and my appetite really*
 25 *increased from there and that went right through until after I finished breastfeed, yeah, I felt that*
 26 *appetite was there*
 27 **So even when you were breastfeeding, you had a big appetite**
 28 *Yeah, it like just... cos I think if I had to eat like that front of my mum she would be so happy (both*
 29 *laugh)*
 30 **And like you said, did you suffer from morning sickness at the beginning?**
 31 *Yeah, first three months with all of them, yeah, it was just the first three months, so...*
 32 **And so how was your eating pattern during that time?**
 33 *Erm, well I think mine was really bad because I normally just eat, like in the morning if I wake up I just*
 34 *have something like a dry, erm, biscuit or something and then even that would still come out and I, I*
 35 *just had this fear of eating something, so I probably suck on ice (laughs), yeah, and I used to like*
 36 *lemons, I don't think that was good for the first three months when you're supposed to be eating*
 37 *really well, yeah*
 38 **Yeah, cos a lot of people say that the healthy eating stuff just goes out the window because all**
 39 **they're really bothered about is having to keep something down, so no matter what it is...**
 40 *You just have it, yeah*
 41 **Yeah**
 42 *So you basically try... like everybody will say eat toast, eat this so you're willing to try everything like*
 43 *somebody says like eat it will stay down, so, yeah, that's true, like just for that bit of energy I think*
 44 *you do like, you'll try anything*
 45 **And what is your diet like at the moment?**
 46 *Erm, well sometimes I'm in the mood and having a really good diet and sometimes it just goes down*
 47 *the drain and you think 'I don't know', you feel like it's an effort really, like, having a good diet,*
 48 *whereas like we've said, it's easier to have junk*
 49 **And go back to what you used to have**

1 Yeah, so, like I've joined the gym now so, but now the weather (laughs), so you don't go that much,
 2 like in the summer I used to go like twice a week, three times a week but, erm, like since it's been
 3 getting cold, like, I don't... you don't bother going out, yeah
 4 **And I know we have mentioned a little bit about it already, but has your diet changed much since**
 5 **before you had children?**
 6 Before I had children?
 7 **Yeah, compared to now, has it changed?**
 8 A lot, yeah, cos, I don't know, like, before I had children, it was like... obviously I was in South Africa
 9 at that time and we just used to have set meals like breakfast, lunch, supper, yeah, and, er, like I find
 10 like there's a lot of snacking here, but then when I'm at my sisters' house again, I, I don't snack as
 11 much like I'll have my breakfast, like a proper breakfast and I'll have a proper lunch and I'll have like
 12 supper at night with everybody else and I said to my sister if I stayed there a week I would probably
 13 lose 2 kilos, but it's, I don't know, I think sometimes because I am on my own as well, I'll be sitting
 14 with my packet of crisps and my chocolate, watching tele and then when the kids aren't around then
 15 it's like, I'm not going to cook for one person, I'm even too lazy to make a sandwich, so you just grab
 16 a packet of crisps, yeah, whatever's easier
 17 **So it's that snacking that you think is having an impact**
 18 Yeah, so that's why sometimes I'll just ring ***** and say shall we go out for a meal cos then I feel
 19 really bad and think I haven't had a good meal like 2 days now
 20 **So we have kind of already talked about some of the changes you have made during pregnancy,**
 21 **like initially with the morning sickness and then eating a bit more and then eating a bit more**
 22 **during breastfeeding as well. Were there any cultural changes in terms of the food choices that**
 23 **you were having, were there any specific cultural foods that you had during that time that were**
 24 **different to your normal everyday diet?**
 25 No, no, I think the only thing I stopped eating was mince, yeah, and I still don't eat it, every since my
 26 first pregnancy
 27 **Did you go off that?**
 28 I went off it, yeah
 29 **And was there anything else that you kind of avoided?**
 30 Erm, a lot of the things that I avoided, erm, I started to eat again immediately after the pregnancy
 31 like fizzy drinks, in my second pregnancy, I couldn't have fizzy drinks
 32 **And was that because of how you were feeling or was that a conscious decision?**
 33 No, just how I was feeling, yeah, I couldn't, I, because I loved it so much, there was a few times I tried
 34 forcing myself to drink it, but I couldn't like it would just make me sick, so
 35 **So the main changes that you made were because of how you were feeling not because of any**
 36 **advice you were given that you were given or anything you were told to do?**
 37 No
 38 **Were you given any advice by anyone like the Midwife or Health Visitor, did they ever talk to you**
 39 **about diet and advise things?**
 40 No, I don't think I was given that much information, the only thing is, erm, like obviously if you have a
 41 question, like if I go and I, if I, I had a rash then speak about that or like what I go in with and I say
 42 this is wrong with me and then they'll just say it's normal but like I wouldn't have had that
 43 information before, like, erm, but I think like even like with Midwife's it would be good if they like just
 44 advised you on, on diet and how much weight you'll pick up, I was, one of my friends was expecting
 45 same time I was and she was speaking about diabetes two, something, which is common in
 46 pregnancy and I got so scared, I immediately cut down on my sugars as well because I now was like
 47 going overboard with them and, erm, when she told me about it, I obviously thought it was the
 48 intake of sugar, so then because of that I cut down like on my sugars, yeah, but then I wasn't given
 49 any information on that, it was just because like we talking to each other, she said she's been to the
 50 Doctor, yeah

I mean a lot of time people say they are just advised about things they shouldn't eat rather than things that they should, so it's a different focus really, they're just told, don't eat peanuts and don't eat tuna and things like that.

Yeah, you get the leaflet like, erm, about the (unsure of word) and things like that

But most of the time, people don't actually change much about they eat, would say that was similar for you in terms of that advice, I didn't really affect you?

No, well that advice, like, erm, what they said I shouldn't eat, most of the stuff I didn't eat already, so, I didn't like... it didn't affect me, so, yeah

So do think it would be better for the Midwife to give a bit more information about that or would you say doing a session in a Children's Centre, or maybe with ante-natal classes, would that be easier, what would say would work best for you?

Well, I think, like every time you go in on your own like when you go for your check-up cos, er, I think that'd be nicer that time to speak about diet and things

A lot of people say they're worried about the time with the Midwife is quite limited that they feel there might not be enough time, but do find that would work for you?

Erm, well I always felt that there was enough time, yeah, cos I used to go to the one on Alexandra Children's Centre, I used to go there and I used to feel like happy, like if I have questions and like I was never rushed or anything, yeah, and, yeah, like especially when I asked about, erm, like, er, position, because I told her like every, like with the first two children I had lots of stitches and with my second one, I had inside and outside and she said to me I mustn't lie flat on my back and I didn't even know and it was my third pregnancy and she showed me cos she had this like picture and she showed me when you're lying flat why it is difficult for the baby to come out and when you're up, sitting up a bit how easy it is and when I did that with him, I didn't get any stitches, so, I was like over the moon because that's the one thing I don't like was the stitches afterwards, so

But like you say, you wished you had been told that earlier

Earlier, yeah, so, I, I think because, erm, they give you a paper and they ask you what position you want to be in when you give birth and I just wrote lying down because I, I thought, myself thought it's probably the normal way and the easiest but then when she explained to me it made so much of sense that, erm, like how it's harder like to push and things and with him it was like so much, I found it so much easier and when I had no stitches, I wasn't bothered about the pain I had just been through, so I has just happy that there was no stitches.

And just in terms of priorities, where would you have put diet during pregnancy, in terms of priorities between 0 and 10?

Erm, (pause) three

And did that change after pregnancy, as well?

Erm, yeah, it did, like with my second, I think I was a bit more cautious what I'm eating, how much I'm eating, yeah, and like obviously they say in the first three months try and eat healthy and, cos you, you, I don't think you're doing it for yourself either at that stage, it's more because you're thinking in your head, you need it for the growth of the baby so you will try and eat the good food, and when you know you passed that crucial stage you just don't bother any more, yeah, so...

A few people have said cos they were saying they were advised to eat healthy but looking back they don't necessarily think they understood what healthy was

Yeah

Erm, would you say that's the same for you and maybe that guidance from the Midwife would have been helpful with what that means in terms of what healthy is?

Yeah, it would have been I think, because a lot of the things is in books and I mean if you don't bother to open the books and read it then you won't know about it but like if you read through it then you'll like see what's good and the fruit and things like that then, obviously because of the book I got I thought to myself that, erm, like sometimes I'll try and eat what I have read about, so, I don't know but I, it's, it's really hard though

And then just in terms of physical activity, are you aware of the recommendations for physical activity, how much you should be doing in a general sense?

No, I just thought during pregnancy you don't do any, cos I, I thought like, erm, er, like I always thought like exercise like there's certain exercises you can do during pregnancy but, erm, obviously, if you don't know, you're just scared to do anything, you won't risk it in case the baby gets harmed, or your doing something too much and, erm, I just used to think my normal, like, the little walking I used to do, I used to take that as my activity, so, yeah

And in a general sense, are you aware, you know when you're not pregnant, what the advice is, just for general exercise?

Yeah, I, erm, I read about that, so, I was always active in my, in like South Africa, a lot yeah, so when I came here I used to prefer, er, not like prefer but I was scared of the bus cos I had this fear it's going to go passed my stop so I always used to do a lot of walking over here until I obviously moved here and I got used to things, cos I think when you're on your own you just tend to experience more and find out more

That independence

That independence, whereas at home I wasn't allowed to go out, I wasn't... everywhere I used to go my ex-husband used to take me and like you don't explore that much and even like with the, er, clinics like it's just going and coming out, I was scared to even ask questions in front of him because I used to feel like if we go home he'll say it was unnecessary or, so... I think the Midwives are always ready to answer questions if you ask them but it, I, I feel sometimes it's nice if they just mention it like, cos sometimes when I come out with new information and I, you feel like you've learnt something today...

And that makes you start thinking about it

Think about it, yeah

So, erm, what's your physical activity like at the moment?

Erm, well like I said it's not very good since winter started, yeah, cos normally I used to feel like at least I do some walking, taking the kids to school and coming back but ***** picks me up (laughs) and she drops me off now and I honestly feel like I'm doing nothing like, I was even saying to my sister like I feel bad because at least that little walk I used to have it just made me feel like that I had done something for the day

So what do you think's stopping you from doing that bit more?

The weather (laughs), yeah, I'd love to walk some more or do some activities but...

Like you say, you do enjoy it

Yeah

And do you get some benefit from it?

Yeah, like I feel more energetic like sometimes, especially if I go to the gym, I just have it in me like what's the point of going if I'm not going to eat properly, so when I do go the gym I automatically watch my diet normally and when I don't go, it's like I'm not bothered and I just have it in my head like 'I'll lose it, I'll lose it' I, and I just push it aside that it's going to be really hard, yeah, so like obviously like with the gym and like sometimes it's nice weather but if it's not want to go weather, I'll feel like 'ok I won't go myself', yeah, you don't like to go on your own (laughs)

So you've got plenty of motivators to be active, like you say you enjoy and benefit from it- is managing your weight one of those motivators to do more exercise?

Yeah, it is, erm, actually (laughs), cos sometimes I feel like, erm, if I go to the gym I can have a chocolate like, more chocolate, yeah (laughs), that's why I say like when I go to the gym I feel like my diet is good but then at the same time I need a treat as well like afterwards, yeah, but then I'm normally really good when I go cos I feel like I'm wasting my time there and then just coming home and eating what I want.

So being active is a motivator to eat well

My diet, yeah, that's it

Are there any barriers to managing your diet do you think, anything that stops you from having a healthy diet?

Erm, don't know, sometimes it's just tired (laughs), I think like with the kids and that I try my best like, they will obviously eat what I cook like since we've learnt about it, like the oil and things, I've cut down a lot on that, I like use the Flora just to spray in and, yeah, I'll do all those things now when I cook but then again it's like the portion size you have to watch and things, yeah, as I said I never dish for myself now because I just have what they have, cos normally I used to eat my food and because I don't want to waste, I'll have their as well so I'll, I don't know, I think that with my portion size I can't tell now, because I'm having a little of this, little of... so when I'm full I feel like ok like, I won't dish up myself now

So you will stop when you're full?

Yeah, I do normally now, yeah

Erm, and are there any cultural factors affecting your physical activity at all?

No, not really, no

You feel able to do anything that you enjoy?

Yeah, I, I think though, I think, I don't know about other people but because I am from South Africa I know that there's people who will say that they can't go out or they can't go to the gym because of the dressing or what... for whatever reason, but my, I'm different, cos I think, like I'm from South Africa and like over there we used to go to the gym, we used to do, go cycling and things like that so, yeah

You used to do all of that, brilliant

There's a lot of activities over there like cos the weather's good you'll always be playing outside and going for walks, so

Like you say, if it's something you enjoy you're more likely to do that. But you didn't feel that you did much during your pregnancy...

No

Because there was that fear

Yeah

You might damage the baby

Yeah, I didn't think there was actually any exercise to do while you pregnant

So were you advised about anything from the Midwife about exercises to do?

No, not of exercise, that wasn't mentioned at all

I don't know if you've heard of pelvic floor exercises which sometimes people are advised to do to strengthen their muscles?

I was told about the pelvic floor muscles after I'd had the baby

And was that after you first?

Yeah, after the first baby, she was explaining to me about the pelvic floor muscles, even if you're sitting you can squeeze the muscle, I was told about that, yeah

Er, so was that the only advice you were given about exercise?

After the baby, yeah

Were you given any advice from family and friends?

No

Have any of your sisters had children as well?

Yeah, they did, yeah

So did they share their experiences with you at all?

Erm, no (laughs), cos when I was in South Africa, seeing my family pregnant one minute and then the babies there, it's like, it just used to be normal, like you would just carry on with your normal activities and things like that, yeah

You just get on with it

Get on with it, yeah

So you've managed to do a bit more physical activity since having your children as well

1 Yeah

2 **So what do you think helped to motivate you to do that do you think?**

3 Erm, well I don't know, erm, well the last time I watched a programme and they said, cos I know that,

4 erm, that's when I start... that's when I joined the gym as well, like because before when I was with

5 you, we just used to go for aerobic classes which was twice a week but then when I saw that

6 sometimes you can look ok from the outside but then inside you can have a lot of fat around your,

7 your organs or, yeah, so that scared me, so I thought like if I go to the gym, at least like, erm, it

8 makes me feel good, yeah, and I've noticed if I do go it's, erm, like I feel more like fresh, yeah, it's a

9 good feeling, it's something you'd, you'd want to feel like that every time but, it's hard to keep up

10 **I think what's been really interesting talking to you is that you do kind of listen to information and**

11 **you do think about it and then it does help you to make decisions and make some changes about**

12 **what you want to do**

13 Yeah

14 **Like you were saying with the sugars and exercise...**

15 That's, that's the thing with me, is, is, erm, if I get the information I do it and, erm, or like when I

16 went to the doctors and he said my cholesterol is high like I cut down on crisps and things like that a

17 lot as well, so like, it's not like I need that were I need to be scared like and then I'll do it but

18 sometimes like if you get that extra motivation from someone else besides your family and your

19 friends, yeah, then...

20 **So would you value that information more from family or from like a health professional?**

21 Health professional, yeah, cos like your family will always like, they're always around you and say

22 you've picked up weight and it, it's just one of those things but then if you hear it from the doctor

23 then, yeah, like when the Midwife said to me, like everybody else will say, erm, 'you look ok, you look

24 ok' and like 'you don't need to lose weight' but then I went once for, I think it was for a check up, and

25 she said to me I think I'm a kilo overweight and she said my BMI was something and she said 'you're

26 overweight' and it just hit me so hard it's like everybody's been telling me I'm look fine and like she

27 just like threw it in my face like you, you overweight and that's, like some people will think it's rude or

28 how could she tell me that but like I appreciated it because there was just somebody just giving it to

29 me like it is, not saying to me that it's not that much but, erm, try... like it's, er, they didn't speak to

30 you like, like comforting you and then still telling you, she just gave it to me straight- 'you're

31 overweight' and you think to yourself like 'it's just a kilo' like probably on my waistline or something

32 but, erm, when I left like, erm, it obviously like made me like have to do something about it, yeah

33 **So it played on your mind a little bit**

34 Yeah, so when I say to everybody else that, erm, I was... she said I was overweight and they say 'no

35 like you look ok' and then you think to yourself like, erm, there's people saying 'no you look ok' and

36 then somebody says your overweight so obviously I would take her advice more like because she is a

37 professional and it's her work and she knows about it and, and then I say 'no, no, I'm going to do

38 something about it' and they all think I'm crazy

39 **But like you say, it gives you that motivation**

40 It does, yeah, I think it does, especially if it comes from like health professional or...

41 **If there were improvements that could be made to helping new mums manage their weight, their**

42 **diet or their physical activity, what do you think would be the best way of doing that?**

43 Erm, well what we've done was really good, like about the dieting, like what's good to eat, what's

44 not good to eat, I think that was really good, that was a lot of information (laughs) and, erm, and

45 obviously the encouragement of activity like exercise as well with...

46 **So putting the two together but maybe specifically for new mums and then they can come and**

47 **share their experiences?**

48 Yeah, I think that would be good, yeah, cos I, I've always found that like, erm, ok I'm doing the diet

49 but if, I don't know, sometimes you feel like you're not losing but then when you do it with the

50 exercise you feel the difference like on the scale it might not say that but then you can see with your

51 clothes and things, yeah, there's a difference and you feel good at the end of the day, it's obviously

1 *hard to get to do it and to get there but the results make... encourage you sometimes, cos sometimes*
2 *you feel like why am I doing it, when I was with Weight Watchers, we used to go in weekly and*
3 *there's sometimes when I think I really did good, I'll stay away from fizzy drinks that week, I'll stay*
4 *away from chocolates and things and if I do snack it will be one of the Weight Watchers cakes and*
5 *sweets and then when I go and she say to me 'you didn't lose anything' it's such a let-down, I mean*
6 *I'm probably supposed to feel happy that I didn't pick up but when I think of how much I sacrificed*
7 *that week and then you get on the scale and there's nothing, it's horrible, (laughs), it's a horrible*
8 *feeling and I just felt like... like then you feel like I'm not coming back next week like I've tried so*
9 *much and then I've stalled and I kept saying 'there's something wrong with the scales, there's*
10 *something wrong with the scales cos I gave up so much this week', I went like twice a week to the*
11 *aerobic classes and I don't know, that's how I ended up leaving Weight Watchers because I felt like*
12 *I'm not going anywhere, even though sometimes like I feel like I've done like a lot that week, so...*
13 ***And is there anything that we haven't mentioned that you think would be useful, anything that***
14 ***you wanted to add?***
15 *Erm, no, not really, like I've said it's that motivation like, I don't know, it probably depends on the*
16 *individual but a lot of people like, erm, needs to be motivated by someone besides their friends or*
17 *their families, yeah, so...*
18 ***Brilliant!***

So, Participant 4G. Erm so just to start would you be able to explain what you believe to be a healthy weight?

Erm absolutely, I always make sure I ate like right food, erm, and that I never go to like overweight, or get diet myself, erm, when I was pregnant I always make sure I eat right food for pregnancy because you've got to look after yourself, especially... so I like cook fresh food and eat a lot of vegetable, fruit, milk, kind of that. I've seen a lot of people got like the weight... overweight, I haven't had that cos I always look after myself

So how would you know if you were overweight, how would you know if you'd got to that point?

Erm, to be honest with you, I just make sure I don't eat a lot like not all meal, I know the fat that people get, overweight, is the way they eat so I make sure I never eat like... I always try and make myself, especially when I'm pregnant, I just make sure I eat normal food, which is kind of like health as well, so I never get like overweight, so I like the way I am now, I am, yes, it's not, I'm not like skinny person, I'm not like fat person so I'm happy all the time myself, so that's I do and I make sure I eat like fresh food all the time, everyday, I cooked fresh food for my kids and I make sure it's the right for the kids, I never ate, I never let my kids eat outside food, I just make sure I cook the fresh food for them, my, you know, them, so that's how I usually know myself and like if any illness come to myself or my kids, I go to see the Doctor so they let you know what ever happened to yourself, so that I use as well.

So were ever advised at all about your weight?

Not really

Er, or weight gain during pregnancy, did anyone ever talk to you about any of that?

Erm, not really, not really, but I make sure I always make sure I'm eating like healthy food so they usually, when you see the Midwife the first time they tell you what to do so all get experience from them, so I want to make sure that whatever they say, do, straight away, so I never missed, so that I do

And what were your experiences of your weight during pregnancy- did you gain much?

Normally not a lot, just normal, just the normal

Can you remember roughly how much you gained?

Erm I was different both, with the first one, is, I was, used to be really, really skinny then when I was pregnant just gained bit weight, and I think the first time about 60 kilo, first time I had, and second time, second pregnancy it was go up about 65, then after I had the baby I go up again, it's nearly like 70, I got quite chubby like God, hmm, when I had this, before I had third one, I just stopped what I was eating because it wasn't like healthy food, you know, when you feeding you eat a lot of food, when you're breastfeeding, so I just eat a lot of food, then I just see then how it... off... and friends, family tell me 'oh you get like, put weight on it' and I wasn't happy with it so I just let the..., I just let a bit then, go to back normal and get the third one and since that time I'm healthy, I'm all the time healthy and I'm ok, so...

So you did feel you gained a little bit more with each pregnancy?

Yeah, yeah

Was that, were you concerned about that at any point, or did you just see that as a natural part of having children?

Absolutely, just, you know, sometimes when they're telling you the people 'oh you get a lot of weight on it, oh you get shorter and, you know, you just get big', you're just a bit upset, it's, you know, you're not happy with it because the people tell you 'oh, you get little bit short' but you get weight on it, you get shorter, you know, I wasn't liking that, so I just I just stopped it myself, I didn't tell anybody else just decided, made decision by myself and you know I stopped eating a lot and I stopped the breastfeeding with it, she was about three years old at that time, so I stopped breastfeeding and I ate less food than when she was born so after that became normal so since that time I've been happy with myself

Did you feel you lost more weight whilst you were breastfeeding, do you think breastfeeding helped with weight loss?

1 *Erm, when I was breastfeeding I put the weight on it but when I stopped and I'd had caesarean*
 2 *pregnancy with my third one so I lost the weight because even with the pregnancy you lost the*
 3 *weight because you're being sick most of the..., you know, you get sick, so I'd be sick every single*
 4 *morning and evening and all food I used to get like less, so that has happened, so absolutely I lost the*
 5 *weight that time so since that time I just be careful not to eat during that time so I'm happy at the*
 6 *moment, very, very happy, so when I start the pregnancy I usually be like, I get like the rice, the*
 7 *chicken or food like that, I make sure I make like a lot of vegetable, like the mixed one, cook that a*
 8 *little bit, put salad with it and about one legs of chicken cut into small pieces and put inside and mix it*
 9 *together, like one spoon of rice or spaghetti or pasta, get that as well, mix it together and then that's*
 10 *it. That's what I usually eat when I was pregnant.*

11 **Sounds good**

12 *Yeah, that's usually when I was pregnant, usually I do that but absolutely I did the last one a lot*
 13 *which is really, really good so that's the last time I did, I'm still doing it, I just always get a lot of*
 14 *vegetable while I'm cooking and make sure I've got the like the bit of like salad or green vegetable*
 15 *kind of that and mix in the food with you know the kids, so it's really good, it's really helpful what I*
 16 *usually do.*

17 **How long did it take to lose that bit of weight after you'd had the baby?**

18 *Absolutely, within a month when get pregnancy it was still like that because usually when I get*
 19 *pregnancy I get really sick, a lot of mornings, I get really tired, get a headaches, so within I think*
 20 *about 6 weeks I lost the weight, so then that's it, it's gone, so I said 'no come back (laugh).*

21 **So you got back down to where you were before?**

22 *Yeah, yeah, yeah but I never put myself like diet or kind of that, never, never*

23 **So in terms of a priority, where would you have put weight as a priority in terms of you as a Mum,**
 24 **would you have said that it was important or would you say there are things that are more**
 25 **important?**

26 *Er, absolutely, I never think about that kind of myself, I just make sure I put my kids first, er, but I, you*
 27 *know, it's really important when you see the Mum, it is very important because she takes care of the*
 28 *kids and all the family, so I think, it's like, you put the weight, you never do it, it's very hard, because I*
 29 *remember the last time when I put on the weight, like I tried to do things such as like (unsure of*
 30 *word), it's like it's not health, so it's absolutely I just make sure it's... everybody advising but weight,*
 31 *a lot of weight's not good for everybody.*

32 **Because you sound like it is important for you by, you know, doing a lot of the healthy cooking and**
 33 **doing everything from scratch...**

34 *Absolutely, yeah, yeah*

35 **So that it a priority in some ways would you say?**

36 *Yeah, absolutely, yeah*

37 **Did any friends and family ever advise you about weight at all?**

38 *No, absolutely, just they tell me that when they, kind of like... I put the... because I used to be very*
 39 *tiny, skinny, very, very skinny, I used to do... no-one just, I just seen... sometimes if I was like kind of*
 40 *watching a programme on T.V., watching the people what they're cooking and talking about, so I*
 41 *always advise myself and I always think about my kids what their healthy food is, so no, just*
 42 *sometimes, you know, one of the kids became sick, go to see the Doctor, I ask the Doctor what kind*
 43 *of like food, cos like sometimes with the kids become sick, they not eat, they're not like eating, so I'd*
 44 *ask the Doctor advice, er, what kind of the food he think I can I give the kids for their health and*
 45 *Midwives, so I always ask who's...*

46 **So they're the main sources of information for you?**

47 *Yeah, yeah*

48 **Can I just ask, you mentioned you breastfed your daughter for 3 years, how long did you**
 49 **breastfeed the others?**

50 *Er, they all same, 13 month, they all same, each one I've been breastfeeding for 13 month*

51 **Er, and at what age did you start weaning the children, you know, giving them solid food?**

1 Yeah, erm, it's just when like, when they're six months they start eating food then I give them like
 2 piece of banana, apples, grapes kind of that, then when I cook the vegetable because of their age,
 3 they don't like it, they see that vegetable because they pick up but then they left the thing.
 4 **And do you think that affected you in anyway, when they started to have food rather than rely on**
 5 **breast milk completely, do you think that affected you at all in terms of weight?**
 6 In myself?
 7 **Yeah**
 8 Not really
 9 **That's fine**
 10 Not really, yeah
 11 **And are there any cultural influences on your weight do you think? Some people have said that**
 12 **during pregnancy and during breastfeeding that they're advised to have certain foods to produce**
 13 **good milk and keep them healthy and things like that. Was there anything that you were ever**
 14 **advised culturally?**
 15 Erm, absolutely, just the normal, I know... I know what the good for the family is, erm so just make
 16 sure I give the food the right type, give the food like the fresh food, make sure the food is right for
 17 them, erm, and make sure I give them the healthy food, that's I usually do, but it's nothing special
 18 like for the cultures, we eat like halal food, because I'm muslim, and I just make sure they eat like,
 19 that everything is halal, you know, not anything like gelatine or pig in it, so that's all we do, yeah
 20 **So, would you mind explaining what you believe to be a healthy diet, what would you think would**
 21 **be in a healthy diet?**
 22 Erm, I suppose people do different things, erm, some people just they see themselves wrong way,
 23 erm, they kill themselves and just stop everything, but I think when you see people they do, they
 24 themselves sometimes it's not right, but their health is very, very important, so you can like do your,
 25 like, if you want to do your diet and you see you put a lot of weight yourself and you're not happy
 26 with it, you can just can do like right things which is simple, like eat, like most of the time if you like,
 27 stop the people get, you know, the people when they get like outside foods like the takeaways, they
 28 get a lot of baby weight on it, erm, but actually I think if you like your own food, it's healthy
 29 **Home-cooked, it's more fresh isn't it?**
 30 Yeah, it's making you health and diet and, you know, they way you want to eat can stay...
 31 **So a balanced diet**
 32 Absolutely
 33 **And food in moderation**
 34 Absolutely
 35 **But home-cooked food**
 36 Yeah, that's very important, very important
 37 **And were you aware of anything specifically during pregnancy, anything you should be having or**
 38 **shouldn't be having in pregnancy?**
 39 No
 40 **Were you ever advised anything by the Midwife or anybody?**
 41 Not really, they just tell me, the first time when I see her, she's telling me don't eat that, don't eat
 42 that, don't like do that, like look after your baby, but I always do that, so it's like nothing special.
 43 **Just going back to the weight for a moment, did you ever attempt to manage your weight before**
 44 **you had children? Did you ever go on a diet or anything to lose weight?**
 45 Not at all, I usually really, really skinny but I always health, you now, so I was happy all the time
 46 myself before there was pregnancy so...
 47 **And if you were going to manage your weight, would you do that through diet? How would you**
 48 **manage it if you were to try to lose weight?**
 49 Erm, to be honest with you I can do by myself, erm, go to the baths, erm, well you can do exercise
 50 every single day. I know what to do myself, I can do light exercise every day, go to gym or you can

exercise just in your house, you know if you did like move yourself, you can get exercise well, and with the person, what you're eating.

And do you do much exercise at the moment?

I did, erm, I haven't had for a few now, for a few months, but I usually do, because I had back pain with my son, really bad, because the last one, he was really big, erm, I had really bad, er, really, really bad, so before he was born, about 2 weeks, about 2 weeks before he was born I had a problem with my back because he was right down into my back and I'd be really, really sick and then after he was born it got worse and I went to see the GP then, they told me, they sent me to Physio then I have to go to Physio and also they said I had to do exercises for a while, so even when I'm cooking I just... (dancing) like that

That's the best way though isn't it?

Absolutely, so up your legs, up your arms you know, that's how I usually do, so absolutely, you know, it was great, everything's gone, so I'm happy with it.

And did the Midwife ever mention anything about physical activity during your pregnancy?

Yeah, because I told her I got a problem with my back and she sent me to the hospital, erm, Physio and, erm, she made my appointment to see the Doctor, to see the Doctor and then they had a chat with me to say what to do and with my others, they were too young, and I just like, they keep you too long at the hospital so don't waste your time stay with your kids. So, she made my appointment and I cancelled it, I didn't go, but absolutely, you know, it was, I was disagreeing with myself, I should go, because after I had the baby I became really sick, so I just told my Doctor is that happens and before I had the baby I'd been really sick and I told the Midwife that it was in the hospital and that I didn't go, I had to cancel it and then oh my God it's coming back and it's just getting worse well, so he sent me the hospital, erm, Physio then, absolutely, it was really good.

Were you ever worried about exercise during pregnancy?

Erm, I did for first time because when I was pregnant with the first one, I just worried because I used to go exercise and it was just like, you know like for the families, it wasn't like the thing, the normal gym, it's the like the group for the families and I told my teacher, said look I'm pregnant, I don't wanna like, if you do hard movement, I don't want to do it, because of my baby and she said, erm, so she ask I think somebody else, she said 'oh this lady she is pregnant' and she said 'is she said is she ok to join in with the group' and she said it was fine because you know... so she said it's fine because you're not using like you're things, you're just moving arms and our body, so I was enjoying that...

So you could carry on with it?

Yeah carry on for the few weeks, that's it, but I usually make sure, I don't want to damage my baby when I'm pregnant, so I just make sure that I'm doing it in the right way and not doing anything too hard.

So in terms of things that might stop you, do you think there's anything that stops you losing weight, or makes it more difficult, makes it harder to lose weight?

Not really

Anything that makes it more likely?

Not really, I just... If I see anything like myself, er, I never let myself go- I just make sure I stopped...

So you've got that motivation to make some changes if you need to?

Yeah

Erm, and is there anything that might stop you from having a healthy diet?

No

Anything that makes it more likely to have a healthy diet- anything that motivates you?

Not really

So why do you think it's important to have a healthy diet?

Er, to be honest with you it's very important, any day you can like, you can, you can just stop moving, it's really, really important, you know, this, the healthy diet, what, like caring families, but like if you lost your brain, you can do nothing, it's very hard.

So health reasons?

1 *Mainly health reasons. You're losing your life if you make sure you're not look after yourself, you're*
 2 *losing your life, it's a bit difficult...*
 3 **So that's your biggest motivator?**
 4 *Absolutely, yeah*
 5 **And then is there anything in terms of exercise, anything that stops you exercising?**
 6 *Erm, myself*
 7 **And is there anything that makes you more likely to do exercise?**
 8 *Absolutely, sometimes, yeah, cos sometimes when you sit down and get tired, you know, it's really*
 9 *hard, got the kids home, cleaning all the time, you need to give yourself 10-20 minutes at least to do*
 10 *yourself things, absolutely.*
 11 **Do you prioritise that, do you think that's important?**
 12 *It's very important, absolutely, it's very important, you get, if you know if you don't give yourself time*
 13 *to do things, you know, you're gonna get screaming with the kids, you know, it's very important*
 14 **That break...**
 15 *Absolutely, to do, carry on, you can see the kids and their screaming and you say 'stop doing that',*
 16 *'don't do this' and 'sit down', you know 24 hours, so you need to give time yourself, it's very, very*
 17 *important*
 18 **And are there any exercises that you enjoy?**
 19 *Yeah, absolutely, yeah, when I'm at home, you know, myself, doing up down, up down myself, you*
 20 *know*
 21 **Just like gentle stretching and dancing type exercises**
 22 *Absolutely and sometimes, you know, even I go with the family, er, the young people go to the gym,*
 23 *er, and I really enjoy that, it's really good, you know, if you go the gym, come back fresh, having hot*
 24 *water, making yourself a lot of moving, I just like feeling free, but I remind myself, stay out of your*
 25 *house and you know what to do yourself?*
 26 **And are there any cultural barriers to doing exercise at all?**
 27 *No*
 28 **And if there were, because obviously I work for NHS Bolton, if we were going to offer any support**
 29 **for people who have just had a baby to lose weight and improve their diet and exercise, what kind**
 30 **of things would help? Is there anything that you feel would help?**
 31 *Absolutely, the exercise and all health food and walking around a lot, you know, that's the main*
 32 *thing...*
 33 **One thing we were maybe looking at was offering a group session, you know, where would do half**
 34 **looking at your diet and half doing some exercise- do you think that would be helpful?**
 35 *Yeah absolutely, because even sometimes people get themselves, they're not happy with it but if they*
 36 *join a group and they taking about, you know, you can share, everybody else...*
 37 **With other people**
 38 *Yeah, with other people, so it's really good*
 39 **Yeah, so it gives you that break...**
 40 *Absolutely*
 41 **But the information as well**
 42 *Yeah*
 43 **Is there anything else that you think would be helpful to support people?**
 44 *Erm, absolutely, it's the, the main thing is having healthy food, look after yourself, don't forget*
 45 *yourself and if you've got a problem with yourself, if you're not happy with it, try to change, you*
 46 *know you can ask.*
 47 **So have you got that support from family and friends?**
 48 *Erm, we talk about some helps, absolutely, but most of the time I do myself, you know, I know what*
 49 *to do if I see I'm not happy with it, when I see I am not happy with it, I do myself, just...*
 50 **So even if someone advised you to do something but you weren't entirely happy about it, you**
 51 **wouldn't do it, you just do what you feel is right?**

1 *Absolutely*
 2 **Brilliant. Erm, And then is there anything at all that you wanted to mentioned at all that we**
 3 **haven't covered with your experiences with your pregnancies and your weight?**
 4 *Erm, absolutely, erm, during pregnancy it's very, very important, cos you have another person inside*
 5 *your tummy, erm...*
 6 **And that becomes the most important thing?**
 7 *Absolutely, yeah, so on the day you receive your baby, you don't want to damage the baby, and a lot*
 8 *of people smoke in the world and I don't think smoking is very good and the reason I'm saying that is*
 9 *that we've got really, really big in this country, Bolton, very big family, no-one smoke.*
 10 **We're pretty much near the end now, it's just if there is anything else that you wanted to add?**
 11 *Erm, I wanted to make sure they advise the people, you know, the people like me, why in their*
 12 *pregnancy they are smoking, I think they should stop that, it's not really good it's like, whatever*
 13 *you're eating, you're sharing with your baby in your tummy, so it's, it's like smoking, we know it's*
 14 *not, it's not healthy, it's, they should not have it, smoking, also eat healthy food and look after*
 15 *yourself properly, erm, give time yourself to relax, you know, carry on what you're doing, you know*
 16 *sometimes, you know, I share with the kids a story, so I sit with them and sometimes the kids*
 17 *watching something or they're not want to do it, I just let them go just for 10/ 15 minutes then they*
 18 *finish or maybe they get fine and they say 'can we do it again with the story while we're waiting' and*
 19 *I say 'yeah' and they get excited, so it's really good to give yourself time to relax and look after*
 20 *yourself properly and...*
 21 **Do you think it's harder to do some of those things when you have more children?**
 22 *Yes, absolutely, yes sometimes but...*
 23 **You still do them?**
 24 *It's the way you do it, depends on, you know, you can put your kids, if you've got ten, you can make,*
 25 *get them ready to sleep by 7 o'clock, so 7 o'clock between and it's 9 o'clock, you've got time yourself,*
 26 *to do things, so the people, the way they treat their kids, you know, that's what it comes down to,*
 27 *absolutely.*
 28 **Brilliant**
 29 *So that's what I do all the time, I sit with the kids in their pyjamas, now let's go upstairs, put to bed,*
 30 *you know, you've got 10/ 15 minutes to calm, clean the house, sit there and do things myself, that's*
 31 *what I always do.*
 32 **Brilliant**

1 **Participant 5A.**
2 **We have gone through everything, we have signed the consent form and you've had the**
3 **participant information sheet and it is just to clarify that you can stop at any time and you can erm**
4 **not answer any questions or anything like that if erm you don't want to and the way that the**
5 **interview will work is i'll start off just with some questions about your weight...**
6 *Uh hum*
7 **Then move onto diet and then physical activity. Erm so all we're looking for as I mentioned earlier**
8 **is just your views and your experiences during that time...**
9 *Yeah*
10 **Erm and there will just be a little bit about your knowledge as well**
11 *Sure*
12 **Is that ok?**
13 *Yeah*
14 **Brilliant! So starting off with weight... erm would you be able to explain what you believe to be a**
15 **healthy weight in the general sense?**
16 *Erm in the general sense er (brief pause) for my age and my erm body, what I think it should be (brief*
17 *pause) is ranging from (brief pause) 49 kilos to 50 kilos... that's what I think.*
18 **Have you ever heard of any ways that we might measure weight, you know, in terms of... ?**
19 *BMI and things*
20 **BMI, that's the one!**
21 *Yeah*
22 **And do you know roughly what it should be on the BMI?**
23 *Erm (brief pause) I'm not sure actually. I think is it something like 20 maybe?*
24 **Erm and do you know much about healthy weight gain in pregnancy? Were you ever given any**
25 **information about that?**
26 *Er not that I know of because all they said was to eat healthy they didn't say that, you know...*
27 **Much advice around the weight side...**
28 *Weight side, I don't think so. It was all to do with nutrition. What to eat, what not to eat.*
29 **Rather than focus on weight?**
30 *Yeah*
31 **Erm so you are not necessarily aware of specific advice about weight gain during pregnancy about**
32 **how much?**
33 *No. There was no necessity at all at that time because er I was not in that range at all, so I don't think*
34 *there was a need for anybody to explain to me about that.*
35 **And how do you feel about your weight at the moment?**
36 *Not good actually. Yeah. So I need to work on it.*
37 **Is there anything in particular?**
38 *Erm... I think it is just to do with the tummy bit cos rest is fine. It's just I've, I've gained extra 10 kilos*
39 *from what I was before I got pregnant and I think that erm before I got pregnant weight is the*
40 *weight I consider to be at the moment.*
41 **So you feel there's 10 pounds extra?**
42 *10 kilos extra*
43 **10 kilos, sorry**
44 *10 kilos extra on me and that's all to do with the tummy.*
45 **That's where you've noticed...**
46 *Yes that's where I've noticed the biggest change*
47 **Was there anything else about your weight that you noticed before you had children? You**
48 **mentioned that you now feel it on your tummy...**
49 *I can just feel it in here (points to stomach) apart from that I don't think there's any changes with*
50 *my... anywhere else*

1 And did you notice any changes across your pregnancy? Obviously I know that people gain weight
2 when they're pregnant but did you feel that you gained a lot or where you happy with the weight
3 that you had gained?

4 *Erm... in my case I think it was all concentrated on the tummy cos I didn't gain weight anywhere else.*
5 *It was just... if people looked from behind they wouldn't have a clue I was pregnant so it was not like I*
6 *had like blown kind-of-a-thing, I had all ? in the centre of the tummy so it's obviously the baby bump*
7 *and just the tummy area.*

8 And how do you feel about how much you gained?

9 *That was too much I think I can't remember how much I gained but I think I felt it more round the*
10 *tummy than anywhere else.*

11 You noticed that?

12 *Hmm I noticed that.*

13 So where you concerned about your weight during that time, during pregnancy?

14 *During pregnancy I was not worried at all, I did not care. (Both laugh)*

15 So when did it suddenly start affecting you...

16 *It was after having the baby. It was after having the baby and then I just... after having the baby you*
17 *also need break- you can't just directly go after having a baby to like what you were. It takes time*
18 *doesn't it for your body to get used to normal hormones and things like that erm it's definitely after,*
19 *post-delivery.*

20 And were there any factors that influenced that you felt influenced your weight during pregnancy?

21 *Like what, sorry.*

22 Erm were there any influences so do you think there was anything that you think (other than being
23 pregnant) that made you put weight on?

24 *Not at all...*

25 Just being pregnant

26 *No, just being pregnant*

27 And how about after you've had the baby do you think there's any influences from that side?

28 *Yeah at that time you would eat a lot won't you like to produce milk and er when you're*
29 *breastfeeding, because I breastfed my son until he was 9 months old.*

30 You star!

31 *Yeah so, I made sure he got the correct nutrients and...*

32 So you felt you were eating more during that time?

33 *Yeah, definitely... yeah definitely.*

34 Well I will revisit the diet side if that's alright?

35 *Yeah, definitely*

36 And how about once you're child started weaning and maybe you weren't breastfeeding as much.

37 Did you feel there was anything in terms of your weight?

38 *No... Yes, yes I did feel it was the same because obviously after that I've not had chance to do any*
39 *physical activity erm nor exercise, all I was just interested was, you know, just eat well and, you*
40 *know. I wasn't eating anything extra I would say after I stopped breastfeeding but it's just because*
41 *it's occupied it takes time it doesn't... just because I've stopped eating, you can see few changes in*
42 *few pounds maybe but not in stones.*

43 Did you not notice differences as a result of breastfeeding?

44 *I did I think yeah. Yeah. Cos er when I was breastfeeding... I was still fat though and then er yeah so*
45 *but er after that again I think I have to work on just the tummy bit.*

46 So you mentioned that 10kg... is that at the moment or was that after you'd had the baby and
47 during breastfeeding?

48 *Well breastfeeding time it was still more I think it was about 15 kilos difference.*

49 So it has reduced?

- 1 *It has reduced. Cos erm I was in Indian for the first 6 months. No actually for 3 months I was here,*
 2 *then for the last, next 4 months I was in Indian so I was like well pampered, well you know nourished,*
 3 *well... I was fed all three times and looked after so just became proper fat*
 4 ***So were there any cultural influences that affected your weight across that time?***
 5 *Yeah that's what I was saying- they make you eat, eat, eat. Cos they have that feeling if you eat well*
 6 *you can produce milk better (brief pause), but I er I just mainly first three months we were on a*
 7 *proper diet as well, on that like, you know- you can eat more but you can only choose what you can*
 8 *eat which is what will influence on your child's health.*
 9 ***Was there any specific examples?***
 10 *Yeah, like cucumber. You couldn't eat cucumber. Cos if you ate and you were breastfeeding baby*
 11 *would catch the cold so by that, examples like that made difference and like er what was other*
 12 *thing... like yoghurt. You're not suppose to eat yoghurt because obviously if you eat it and the baby*
 13 *obviously will drink that milk and you know it has a knock-on effect.*
 14 ***Just thinking about information- were you given any information or advice or support around***
 15 ***weight during pregnancy or during early motherhood?***
 16 *Not about... as I said, not about the weight in general, it was just about the nutrition and what you're*
 17 *suppose to eat, what not and what is good kind of a thing.*
 18 ***Did you do any research to get any of that information for yourself around weight?***
 19 *Not really no because er I knew what... I mean they had given that book (brief pause) where it has...*
 20 *you know that book that they give in the maternity about what is good and what is not. So that was*
 21 *enough I think.*
 22 ***And was there any advice from family and friends?***
 23 *Yeah just eat loads and because you're eating for two and you need loads and obviously if you*
 24 *choose the right food, not the junk food and things like that*
 25 ***And have you attempted to manage your weight before you had your little boy?***
 26 *I was proper... I, er.... the day I got married to you know before I got pregnant that's the weight I*
 27 *have been.*
 28 ***So you had never needed to manage it before?***
 29 *I never managed it at all. I never did any exercise. I us- used to eat what I used to eat, I used to eat*
 30 *loads, I used to eat moderate, I used to eat less it doesn't matter because it was the same weight.*
 31 ***Consistent? And how about now- are you trying to manage your weight at the moment?***
 32 *I am actually because er I was going to the Zumba class, which did help but now they've stopped the*
 33 *area where I was going to, she stopped the classes so probably I will have to look out for another*
 34 *alternative gym or something like that but it's just finding the time at the moment.*
 35 ***So is there anything that would make it more likely to manage your weight? You mentioned time,***
 36 ***is there anything else that would motivate or encourage you or enable you to manage your***
 37 ***weight?***
 38 *Yeah I need to get down into my dresses which are in the wardrobe lying doing nothing*
 39 ***And in terms of priorities during pregnancy and early motherhood, where would you put weight in***
 40 ***terms of priorities?***
 41 *Er from where to where sorry?*
 42 ***So, in terms of yourself and your role as a mum where would you put managing your weight-***
 43 ***would it be quite high on your list of priorities, in the middle or at the bottom?***
 44 *At this point of time, maybe in the middle*
 45 ***And has that changed?***
 46 *It has slightly changed because my son is getting a bit older now so...*
 47 ***Would you say it has gone up?***
 48 *It's gone up, my priority is on, so it's getting... it's top priority now whereas it was in the middle*
 49 *before that.*
 50 ***And what made it go up do you think- just the fact that he's getting older?***
 51 *He's getting older and I can get more time now.*

- 1 **So it comes down to time again, time is the main consideration?**
 2 Yeah, so...
 3 **So just moving onto the dietary side then. Can you explain what you understand by a healthy diet?**
 4 **So if I was to say I want you to eat a healthy diet, what do you think I would be asking you to do?**
 5 Five fruit, five vegetables a day... erm just don't eat junk, gree- lots of greens, pulses, and just a very
 6 good balanced diet.
 7 **What would you mean by a balance?**
 8 Hmm, like some portion of carbohydrate, some portion of protein, some po- portion of fat, all that, I
 9 mean, I know fat is required isn't it, you can't just live without fat, you have to make sure you don't
 10 overdo that, so everything in considerably you have to just have it proportionately you can't just
 11 concentrate on carbohydrates all the time or just concentrate on proteins all the time.
 12 **And was there anything specific for pregnancy that you were aware of around diet? You**
 13 **mentioned that was the main focus.**
 14 Yeah like in ours er you are not suppose to eat papaya when you're pregnant cos it's not good, so
 15 those are the things which you know...
 16 **Where there any other things in terms of your pregnancy that you were told about around your**
 17 **diet?**
 18 Hmm... something... If I remember it was something to do with... is it pate you are not suppose to eat
 19 when pregnant? And then (pause) and then (pause) some kind of fishes you're not suppose to eat?
 20 Yeah so things like that.
 21 **So it more of a focus on things not to have rather than things to have?**
 22 To have, yeah.
 23 **That's what a lot of people find, it's things that you can't have. And how did you find putting those**
 24 **things into practice were you able to take on some of those things?**
 25 I was fine cos neither of them I do eat. I don't eat pate, i don't eat...
 26 **So it didn't really affect you too much?**
 27 No
 28 **What would you say your diet is like at the moment?**
 29 Erm at the moment it's... I wouldn't say it's a balanced diet cos one day you're having takeaway,
 30 another day you're cooking, another day you're at different place, so I don't know, it's not, it's not
 31 balanced at the moment.
 32 **It's quite variable**
 33 Yeah
 34 **And does having your child have anything to do with that do you think or is that just how your**
 35 **lifestyle is?**
 36 Yeah, it' like... No before that you used to get time to cook for yourself and all that because now
 37 you're working full time and then you have to pick your child up from the nursery go back and sort
 38 your child out first and all that and by the time you come to your time it's too late so you just end up
 39 eating whatever you've got or whatever you've made the previous day which is not fresh is it? You've
 40 not made it on the spot and you're eating so it's things like that really.
 41 **And so have you noticed that change from before you had your child?**
 42 Yeah, definitely, yeah, yeah, yeah, yeah, yeah.
 43 **You had a lot more time. Where there any other differences before you had your child?**
 44 Hmm, not really apart from you know if you had more time you could have, probably
 45 **Did you find, like you mentioned before, that you could eat a bit more of what you wanted?**
 46 Hmm but now you don't have choice do you? Maybe when he grows up we will cos he'll be doing his
 47 own things, he'll be, you know, engaged in his own activities and things like that but now it's because
 48 you have to entertain him, you have to be there with him all the time, so yeah.
 49 **And just thinking back to during your pregnancy, would you say er you made any changes during**
 50 **that time?**
 51 Like what, sorry?

- 1 **Just in terms of your diet, where there any changes that you made?**
 2 *Yeah I made... I made sure I ate like proper three meals a day. Like full fledged meals. Like you know*
 3 *proper breakfast not just toast or like proper south Indian breakfast.*
 4 **And you mentioned that culturally there was a few things you were told not to have?**
 5 *Yes.*
 6 **Was there anything that you were told that you should have?**
 7 *Should have was basically er fruit, er vegetables, lots of greens, pulses and (pause) yeah*
 8 **And what were the reasons for making some of those changes?**
 9 *Because in olden days that's what the people over there thought you know if you ate that it was*
 10 *good and if you eat this it's not good which would affect the baby*
 11 **And was there anybody who influenced you to make some of those changes?**
 12 *Like not to eat that or things like that?*
 13 **Yeah, was there anyone who influenced you?**
 14 *Elders in the family*
 15 **Yeah**
 16 *Yeah. Mostly Grandma's cos they know, they, they've, they know what*
 17 **They've been there and done that.**
 18 *Yeah and that's, yeah*
 19 **And what about the midwife, was there anything, any information that they provided that you**
 20 **were able to take away?**
 21 *Yeah they, obviously, they said about the nutrition and everything- they were good, yeah, they just*
 22 *said basically you have to eat loads of vegetables, fruits and all that cos then you have to eat loads*
 23 *cos you're eating for two and.*
 24 **And did you find that quite easy to do?**
 25 *Yeah, it was fine, yeah, just... but some people on the other side say "it's all rubbish" isn't it because*
 26 *er whatever you eat now is, is fine.*
 27 **But did you find that that was a change from before you were pregnant, did you find...**
 28 *Yeah obviously because you're eating for two, you're eating a little bit more.*
 29 **And did you already have fruit and veg in your diet beforehand?**
 30 *Not that much.*
 31 **So you were able to have a bit more?**
 32 *Hmm, while I was pregnant yeah, yeah, like varieties of fruits, whereas before you just whatever fruit*
 33 **And was there anything that you thought you should change but you didn't feel able to for**
 34 **whatever reason?**
 35 *During the pregnancy?*
 36 **Yeah**
 37 *Er, like what sorry?*
 38 **Just anything in particular, if there was anything that you were advised to change but you didn't**
 39 **feel able to?**
 40 *No, nothing at all, no*
 41 **Okay. Just the same kind of things really but once the baby was born? Er so was there any changes**
 42 **that you noticed at that point in terms of your diet, did you make any changes then?**
 43 *During that time again we were not suppose to eat certain fruits, certain er vegetables. This is from*
 44 *back home. Erm like er grapes was an example, so you're not allowed to eat fruits, the only fruits we*
 45 *were allowed to eat was apples cos it had all that proteins and you could just, ev- even apple not*
 46 *much, just moderate levels, because then you could pass on the cough so then er, yeah, just loads of*
 47 *rice and just very light, it shouldn't be too spicy nor too erm bland kind-of-a-thing so.*
 48 **And you mentioned eating more during breastfeeding?**
 49 *More and more*
 50 **Was it just more of everything or was it specific things?**

- 1 *I didn't eat a lot like veggies and all the other... I was on a diet, I didn't eat loads. I was eating lots of*
2 *greens, spinach, cos that gives strength to the baby so...*
3 ***And how did you feel at that time having that diet?***
4 *It was quite er weird actually cos you kept on eating the same thing and you didn't taste anything*
5 *else, just on a strict diet. At least I'm ok I was allowed but in Indian and all they're like, first three*
6 *months all they eat is rice and milk.*
7 ***Very strict.***
8 *Very, very strict!*
9 ***Sounds like you got off quite easy then.***
10 *Yeah, so...*
11 ***And were there any reasons for making some of those changes you mentioned other than the***
12 ***cultural influences you mentioned?***
13 *No*
14 ***You mentioned maybe eating a bit less. Was the possibly due to weight?***
15 *Could be, yeah.*
16 ***And were there any other influence during that time other than elders or the community? Did you***
17 ***have much input from Health Visitor during that time?***
18 *Hmm, yeah from the baby point of view, yes*
19 ***So it was more of a focus on the child***
20 *On the child rather than, not necessarily the mother.*
21 ***Advising you on your diet and things like that. And did you get advice and support around the***
22 ***weaning side for the child?***
23 *Hmm, yeah I did get like leaflets because I was leaving to India at that time, at that time I got like*
24 *leaflets and recipes and things like that from the Health Visitor.*
25 ***And how did that stage go, the weaning stage, was that...?***
26 *It was totally different because in India the weaning is different to what it is in the UK erm so I felt it*
27 *a little bit difficult when I came back cos erm there there were like loads of people around so*
28 *somebody could have helped you whereas here when you come back on you're on your own you have*
29 *to do everything, so it's just a little bit different and, as I said, the food habits over there is lot*
30 *different to here so...*
31 ***Did you have any challenges in terms of like taste of foods, is there any foods that you don't***
32 ***particularly like?***
33 *Hmm not really, I ate everything actually, it was ok.*
34 ***And would you say the biggest thing again is the time issue?***
35 *Hmm, time, yeah*
36 ***And were the any changes during weaning that you didn't feel able to make?***
37 *Hmm no apart from as I said er while I was in Indian and I had to come back you know it was just a*
38 *little bit starting problem I think it is.*
39 ***It takes a bit of time to readjust?***
40 *Yeah*
41 ***Er and then again just thinking about the information that you were given during pregnancy***
42 ***around your diet? Was there any information or advice that you were given? You mentioned the***
43 ***midwife and the packs that they give you.***
44 *Oh yeah, they give you books and all that, yeah*
45 ***Did you manage to have a look through some of those things?***
46 *Only a few pages though, yeah*
47 ***And was there anything that you were able to take out of there?***
48 *Hmm, yeah, there was er, there was er mention about those Pregnacare tablets. Whereas if you go*
49 *to the Midwife they give you those Vitamins C/D and things like that but Pregnacare is what YOU buy*
50 *isn't it? There was a mention in that book and things like that, yeah.*
51 ***And who would you say is the biggest influence on you?***

- 1 *In what point?*
 2 ***In terms of your diet?***
 3 *I think it was elders and their views and their cultural things you have to do... follow.*
 4 ***And why do you think that was, is there any reason in particular?***
 5 *That's how it's always been over there and that's how every woman follows it, well it's different*
 6 *parts, different people, they've got their own things that's how it works.*
 7 ***Do you think it has anything to do with like that they understand what you're going through, that***
 8 ***they have had that experience?***
 9 *Yeah, something like that I think.*
 10 ***It's difficult isn't it when it's your first child...***
 11 *It is very difficult, yeah.*
 12 ***Cos it's a whole new learning curve and there is a lot to take in sometimes.***
 13 *Hmm.*
 14 ***It's important to have that support around you.***
 15 *Yeah*
 16 ***So just thinking about physical activity; are you aware of how much physical activity you should be***
 17 ***doing, just in general?***
 18 *I think, erm, exercising 3-4 times a week will keep you er in good health. That's what i've read*
 19 *somewhere and i've got information... erm from the advice I have had from you as well in the past.*
 20 ***And was there anything specific in pregnancy that you were aware of or during breastfeeding***
 21 ***around activity levels?***
 22 *Hmm, during pregnancy I wasn't even that bothered about exercising*
 23 ***Where given any advice about it, like how much you should do?***
 24 *I can't remember.*
 25 ***Like we said, there's so much to take on***
 26 *It's just I can't remember.*
 27 ***And how do you feel about physical activity at the moment?***
 28 *Er, I wish I could do more actually but I just, as I said, it's just so busy, just don't get time.*
 29 ***It's just the time. And what was it like before you had your little boy?***
 30 *I used not do anything at all.*
 31 ***So it sounds like having your child has actually kinda changed your mind set a little bit.***
 32 *Uh-hum*
 33 ***Where you weren't necessarily that concerned...***
 34 *I didn't do anything at all really. I used to eat loads, I used to you know, as I said, my weight was*
 35 *consistent throughout.*
 36 ***Whereas now...***
 37 *Whereas now if you're just eat a little bit you just putting your weight on and it's all over the tummy*
 38 *area, nowhere else so that's the biggest effect there.*
 39 ***And do you think that physical activity could help with that?***
 40 *Maybe, Yeah*
 41 ***So during your pregnancy did you make changes- you mentioned that you didn't really do much***
 42 ***before and then during your pregnancy was that the same?***
 43 *Yeah, I would just for a little short walk that's it really*
 44 ***And then how about after you'd had the baby was there any change?***
 45 *I didn't have time after that. Just basically just looking after the baby and then I left, I left to India*
 46 *and then just, you just get pampered there, just.*
 47 ***Was there any advice you know in terms of like the risk of doing exercise and physical activity***
 48 ***given by anyone?***
 49 *No*
 50 ***Was there anything that would have influenced you to do any more exercise do you think?***

1 *Maybe if I had more time then maybe I would have thought about, you know, other things because*
 2 *it's like you're working full-time, then your husband is also working full-time and he's got like evening*
 3 *clinics to go, so you basically you just don't ha... you have to have somebody so that you can go and*
 4 *do but because you don't then your only limited to how much time to spend on physical activity.*
 5 **Do you enjoy being active?**
 6 *I do yeah I was like that before but generally now it's just, you don't... you are active but that active,*
 7 *cos you have to be because with your kids you just have to be, but not that kind of an active...*
 8 **Like a class? What kind of activities do you enjoy?**
 9 *Hmm, I used to do Zumba but now because obviously, if... for some reason it was stopped, the area*
 10 *where I was going so...*
 11 **That's good because you made a change and you started to go to Zumba. What made that change**
 12 **easier do you think, what enabled you to be able to go?**
 13 *As my husband was child-minding at that time so I could go.*
 14 **Cos it was a local class?**
 15 *It was very near, it was walkable that place so... now I have to find something else... yeah*
 16 **And do you think that the concerns you had about your weight maybe encouraged you to do that**
 17 **bit of exercise?**
 18 *Hmm. It's rapid isn't it, rapid and more calorie burning*
 19 **And is that one of the reasons why you wanted to do the exercise?**
 20 *Yep*
 21 **Where there any other things?**
 22 *Maybe the toning, toning, yeah, toning was another thing, yeah. So another downfall is I don't drive*
 23 *so obviously if you're not driving you can't get to all the places can you? Cos if it's walkable then you*
 24 *just walked.*
 25 **But if you're doing a lot of walking then that's good exercise.**
 26 *Yeah but now I've stopped haven't I because the class is not there. But now it's getting dark as well.*
 27 **How have you found being back to work?**
 28 *It's fine, back to work, it, it's fine. I thought being, you know coming back to work and you're doing a*
 29 *lot of erm running around, you would just lose weight, but I haven't.*
 30 **How about your diet, has that changed since coming back to work?**
 31 *Yeah it's just erm, miss home-made food and you're just eating wherever you possibly can, like*
 32 *canteen food, or you know, takeaways, on the run, if you can. That's not being healthy I think.*
 33 **So it's almost like a different routine?**
 34 *Hmm where I used to not, I used to not take outside at all, I used to not eat canteen food at all, every*
 35 *day it was food from home.*
 36 **Just then thinking about where we put weight in the middle of your priorities, where would diet**
 37 **and exercise fall?**
 38 *Same I think, yeah.*
 39 **Do you think they all kinda impact...**
 40 *One another*
 41 **On each other?**
 42 *Yeah*
 43 **Anyway, yeah (pause)**
 44 **Just again in terms of your exercise was there anything that you wanted to do but you didn't for**
 45 **whatever reason, you weren't able to do, other than the Zumba?**
 46 *Yeah like er one disadvantage is that I don't drive so otherwise I could have gone er to a gym or a*
 47 *swimming class or something like that and there's that and if, if I had more time maybe, you know.*
 48 **Is there any way of making more time for diet or exercise?**
 49 *Maybe, yes, yeah, maybe if I just tweek my timetable a bit, just finish work at half four straight go*
 50 *into the gym here, start working, because nursery is open until six and then go home maybe, maybe*

- 1 *it would help. I would have to work on it and see... cos I would have to ask my manager whether they*
 2 *can change the time or not.*
 3 **Anything in terms of diet?**
 4 *Diet... hmm no I don't think so, just from, apart from just making home-made and just not eat junk*
 5 **That's the main thing?**
 6 *Hmm, junk, just avoiding junk.*
 7 **Were you given any advice, I know we have already mentioned it, around exercise from the**
 8 **Midwife or the Health Visitor?**
 9 *They, they do give advice about the pelvic floor exercises you have to do and do lo- loads of walking*
 10 *and all that, yeah.*
 11 **And what about from family and friends was there anything?**
 12 *Yeah, yeah, yeah, just do loads of walking, don't be idle, yeah.*
 13 **Anything like culturally?**
 14 *Not really, not from this point, it was mainly diet, I think. Cos otherwise they're not like...*
 15 **It's not really seen as an important thing?**
 16 *No*
 17 **Do you think there's any improvements that could be made to any of the advice or support that**
 18 **you were given around diet, weight or physical activity during your pregnancy and after it?**
 19 *Not really, no, I can't think of anything.*
 20 **If there was a time to give advice, when do you think would be the better time?**
 21 *After you've had the baby.*
 22 **Yeah, if there was..**
 23 *Cos you're not bothered. then, because at pregnancy time you're just eating, as long as you're not*
 24 *over-overeating, if you're within that range, because obviously they're going to let you know aren't*
 25 *they if you- you're really getting you know, a bit on the point. But it's just after I think you have to*
 26 *concentrate and make sure you get your shape back, I know it's too hard but it's making sure...*
 27 **And who do you think would be best placed to do that?**
 28 *I don't know really. A bit of everybody I think, isn't it? It's just, you can't just say it's just that persons*
 29 *responsibility, it has to come from all resources really.*
 30 **And if there was a service that could help around weight, diet or whatever, what do you feel that**
 31 **should look like, obviously there's a time issue, so in terms of like say a 10 week programme or**
 32 **one-off session or anything like that that could be given to new mums for them, what kind of thing**
 33 **do you think would work best?**
 34 *A bit of everything I think, cos not just diet would help you, cos I think a, a bit of everything like*
 35 *exercise plus diet plus nutrition advice plus, you know...*
 36 **And do you think commitment would be an issue?**
 37 *Yeah... it's just committing and making sure we attend that class or attend, er have you got that to*
 38 *attend or erm or if you can then make sure that's happening as well as, that's important because just*
 39 *attending the class will just not help you cos have to act on it.*
 40 **Definitely**
 41 *So...*
 42 **And is there anything you feel we've missed at all, anything you feel is important from a weight,**
 43 **diet or physical activity point of view from...?**
 44 *Maybe they should just erm talk more about weight aswell I think*
 45 **At any particular point?**
 46 *Hmm, no, just, just how to you know maintain that weight aft- post-delivery and post-pregnancy.*
 47 **To give you that bit of advice?**
 48 *Maybe, yeah, yeah, so...*
 49 **And is there anything in the content of things that we have talked about, was there anything**
 50 **missing that you feel is important for me to consider?**
 51 *Not really I think ever- all the things were discussed.*

- 1 ***Are there any other comments you wish to make at all?***
- 2 *No just thanks for the opportunity.*
- 3 ***Thank you very much.***

- 1 **So this is Participant 5B. Erm, so just initially just focusing on the weight side of things, would you**
 2 **be able to explain what you believe to be a healthy weight, just in a general sense?**
 3 *Erm, probably I look at the guidance for BMI's*
 4 **Yeah**
 5 *And that's probably...*
 6 **And do you know what you would be aiming for on BMI?**
 7 *For the... I can't remember the brackets, the one that just says you're ok?*
 8 **Erm, and were you aware of anything during pregnancy around weight gain, were you ever**
 9 **advised, erm, about how much?**
 10 *Erm no, but I think, erm, cos I did actually get some books before I fell pregnant and in there it said*
 11 *on average you'd gain about a stone or whatever*
 12 **Yeah**
 13 *So I guess just that guideline there*
 14 **And that was from a book?**
 15 *A book, yeah*
 16 **And were you ever given any advice from the Midwife or the Health Visitor around weight?**
 17 *No*
 18 **Ok, erm and was there anything after your pregnancy as well around weight management in**
 19 **terms of when you're breastfeeding or weaning?**
 20 *No, no, I mean I breastfed all of my children, erm, but, you know, they just sort-of-said to have a*
 21 *healthy diet, just carrying on eating whatever you normally eat*
 22 **Yeah! And how are you feeling about your weight at the moment?**
 23 *Erm, obviously I would like to go back to a similar size as I was before, that's my aim*
 24 **So you have that goal in mind?**
 25 *Yeah goal in mind, yeah*
 26 **And what was your weight like before you had your children?**
 27 *Erm, I was just slim, not skinny, you know, not particularly chubby or anything, just... I would say*
 28 *perfect, just in the right category, erm, but obviously since then... I need to lose two stones to get*
 29 *back to there*
 30 **So did you feel that you had gained much during your pregnancy?**
 31 *Erm, so when **** came, my fourth, er, I did find that this time around it's been harder. First three, I*
 32 *was finding it took me like a year to sort of get back to my usual self but she's like nearly two and, er,*
 33 *I still don't seem to have naturally gone less and I think I need to do something about it rather than it*
 34 *naturally going*
 35 **Why do you think there was a difference?**
 36 *Erm, I don't really know, erm, I don't know whether it's because I have become a lot more busier now*
 37 *we have the four and the others at school and things and I don't get the time as well so I feel I'm*
 38 *probably just sort-of skipping meals and then become really hungry and then eating whatever's in*
 39 *sight, I think that's my vicious circle, I think I'm probably eating too late as well because by the time I*
 40 *have put them to bed and it's gone too late so I think that's probably what's... this time around is*
 41 *more difficult*
 42 **Because that's the difficult thing is trying to understand what, what is making the difference is, cos**
 43 **there are various things that are put forward, whether it's time cos you've got a bigger family and**
 44 **different dynamics or whether it's an age thing because you're older and you've had other**
 45 **children, you're naturally older, or whether it's pregnancy itself that's actually having an effect so**
 46 **it's a difficult one to judge but from your perception, it would be time do you think?**
 47 *Yeah, time, er, I would think so, time*
 48 **And were you ever concerned about the weight that you'd gained during pregnancy at any time?**
 49 *Erm, not concerned, no, I just thought with the others, after having the other three, I thought it'd just*
 50 *dwindle off but it hasn't happened (laughs).*
 51 **And was there almost an expectation that you were going to gain weight?**

1 *Yeah, yeah, I always do, I always do balloon out and then, erm, like the other three it just naturally*
 2 *went a bit but this time it hasn't*
 3 **And would you always gain about the same amount?**
 4 *Erm, yeah, the last one and this one, I gained a little bit more, erm, than the other two*
 5 **Do you remember roughly how much you were gaining?**
 6 *Er, I think I gained about 3 stones (laughs) and maybe three and a half with the last two*
 7 **So you mentioned that it took you about a year for that to come off, do you think there was**
 8 **anything in particular that was helping that?**
 9 *Erm, no I don't, it just sort-of, er, I don't know whether it was just busy, I don't know it just, it seemed*
 10 *to naturally just come off, it did take a while, it did take about a year rather than, you know, you see*
 11 *some people and six weeks later they're back to their usual self, er, no, it was, it did just come off by*
 12 *itself and I didn't need to give it much thought to be honest*
 13 **So there wasn't a conscious effort to lose weight?**
 14 *No, there was no conscious effort to lose weight, no*
 15 **So would you say it was a priority to lose weight at that time, you know, or did you just think...?**
 16 *I just naturally thought after having the first one and it naturally came off, I just thought naturally it*
 17 *would just come off and I just thought it would happen every time*
 18 **Cos it's quite a lot, the three stone, as well isn't when you think about it?**
 19 *Yeah, when you think about it, yeah, you know, generally, it would, erm, and then obviously you have*
 20 *the baby; you just... you could lose a stone with the birth and etc and stuff and then I would just*
 21 *naturally lose that two stones over the year, it would just come off, but this time around it hasn't*
 22 **And did you feel any pressure to lose it from either yourself or family and friends etc**
 23 *I think myself, er, probably... initially I was ok about it, erm, but I think as time's gone on and I think I*
 24 *needed to, er, myself I do, cos there's parts of my wardrobe that I can't fit into (laughs) so you look*
 25 *into it, every day, in the morning and you're looking at what you're going to wear and you think, 'I*
 26 *can't go into that half' (laughs)*
 27 **So would that be the biggest incentive?**
 28 *That's the biggest incentive is to actually get back into my usual clothes, yeah.*
 29 **And what would you say is the biggest barrier, what do you think is the main thing that stops you?**
 30 *Erm, I think effort on my end and keeping up with it, erm, I think that's what I would say probably is*
 31 *my barrier*
 32 **And like you said maybe time as well is probably...**
 33 *Yeah, but I think if I, you know, really...*
 34 **Put your mind to it**
 35 *Yeah, put my mind to it and kept going, I think so... I think because I've never had to diet as such, I've*
 36 *just always been a size and then like I said even with the other three, I didn't really have to make a*
 37 *conscious effort with it and, er, I've struggled (laughs)*
 38 **And would you say you had managed your weight before you became pregnant or before you had**
 39 **your children or did you, like you were saying before, did you just stay about the same?**
 40 *Yeah, I always just used to stay about the same, yeah, not really... you know within sort-of a couple*
 41 *of pounds, minus... plus or minus a few pounds but yeah I'd just stay about the same*
 42 **And would you mind me asking if you were able to breastfeed?**
 43 *Yeah, I breastfed all four*
 44 **Would you be able to remember how long for?**
 45 *Erm, with the first one, I think it was about 8 months and the others all... the other three was, erm,*
 46 *thirteen/ fourteen months*
 47 **Yeah, you did really well.**
 48 *Yeah (laughs) I find it easier than bottle-feeding so...*
 49 **And do you think that had anything to do with the weight loss?**
 50 *I think so, in... definitely in the first few and I think so, er, but with the fourth one I don't know cos it*
 51 *didn't seem to do anything (laughs), but I think so.*

Er, and did you find any specific cultural influences impacting on your weight at all?

Erm, I don't really understand

So a lot, erm, and I know this is moving into the diet side, but a lot of people have been saying that they were advised to have something that was very high in sugar, very high in ghee and that possibly may have meant that they didn't lose as much as they wanted to or they may have gained more

Oh well, yeah, Mums and Granny's always have these, er, traditional recipes and all sorts, you know, to help you eat, with the labour, or, you know, breastfeeding etc but to be honest, er, cos I didn't really like all that kind of stuff, I didn't actually used to eat it, maybe in the first six weeks after having a baby, I might have listened to Mum but after that, no.

And would you say that that differed from like your first pregnancy? A lot of people say that during their first pregnancy, they feel a bit more vulnerable and they might take on a bit more advice.

Yeah, yeah, definitely, in the first pregnancy, er, especially with breastfeeding you're just... a little bit clueless and you tend to listen to everything and everyone and you always take their opinions and their, er, experiences count a lot more than what your natural instincts are so, yeah, definitely first one

And then after that?

After that, you just trust yourself

But you'd say your taste would override any of that anyway, if you didn't like it?

Yeah, yeah, some of the stuff... (laughs)

Yeah but again a lot of people have been saying that there's this pressure almost because you want your breast milk to be good quality

Good quality

So is there that pressure that your diet should still be very good and still containing maybe some fat, some sugar because you still want your milk to be good quality for your baby.

That's the thing, but I think, erm, the other generation, they probably, you know, aren't aware of the dietary requirements and things, they... they don't have the same education, erm, with... concerning diet and things, so, erm, and, you know, it's a different lifestyle in India, it's a lot more active so what, you know, what might be ok there is not always, necessarily ok here, so, er, with that in mind and I don't like the taste of the stuff (laughs), er, I had to breastfeed, so I'm used to it, I didn't give it much thought, my mum just used to give up on me (laughs)

And do they live nearby to you, do you have that support?

Yeah, they're only about ten minutes away

And just in terms of any information that you received during your pregnancy or during breastfeeding time, were you given any or did you do much research around weight management?

No (laughs), I don't think I did, no, I didn't, erm, but it's not really something that they all mention, like any of the Health Visitors or Midwives or anything, you don't really get much information concerning weight gain, er, probably, I guess with, er, with things the way they are, with the media and things you always, sometimes feel pressurised to lose weight and they probably don't want to mention things like that, get you thinking about things like that...

And worrying about it too much

Yeah

Have you ever attempted to manage your weight after having your child?

Erm, I have but very briefly, erm, I think that in the next couple of months I will... probably will have to do something now cos we've got our holiday set and that's my goal (laughs)

So when's that?

That's in, er, August, end of July, August, so...

So that's quite a good time frame

Yeah, I've got New Year and then I've got six months, so hopefully, yeah, get moving

And I guess it will be a bit of a learning curve for you if you've not had to do much before.

1 Absolutely, absolutely, cos I remember I came to your class for just that one session and they were
 2 talking about the orange juice and that in itself is like, you know, a surp..., a big surprise (laughs), the
 3 portion, like normally you'd just have a glass full, erm, and, er, all my bowls of cereals that actually
 4 when you came back home you looked at it and you actually weighed it and thought, 'that's a
 5 portion' (laughs), I've been having like three.

6 **It's so easy to do, definitely, erm, and just thinking then about priorities, where would you have
 7 put weight in your priority list during pregnancy and then now?**

8 During pregnancy, I probably didn't give it much thought because I just thought, erm, everyone just
 9 said eat as you normally would, so I just didn't give it much thought, erm, er, but not certainly since
 10 **** has got a little bit older now as well, I definitely need to do something about it, I can't stay the
 11 way I am.

12 **And do you think that has something to do with it maybe, er, her age? Sometimes people say that
 13 'I need to get passed a certain point, whether it's breastfeeding or whatever, but I need more time
 14 for me, when there's not as much dependency, having a bit more freedom. Would you have said
 15 that was the case?**

16 Yeah, absolutely, yeah, I don't think I would ever even thought about my weight whilst I was
 17 breastfeeding, so that ruled out 14 months, that's 14 months and then now I, you know, she's getting
 18 a little bit older and, you know, starting play school, so I will have a little bit more time to myself so,
 19 yeah, you can do things like exercise and whatever, er, so yeah, I think that that will help. But, yeah,
 20 that does have a big impact on when, when you decide.

21 **So in terms of like, from a service point of view, if there was going to be advice and support
 22 available for people, like new mums to manage their weight, when do you think would be the best
 23 time to be giving that information or support? Is there an ideal time?**

24 I think, I think probably during pregnancy, er, they say a healthy diet, erm, and I think sometimes
 25 they might use that as an exercise to over-eat (laughs), so I think so with during pregnancy, er,
 26 probably after you've had the baby, maybe after the six weeks, cos although you're breastfeeding,
 27 looking back at it and the healthy lifestyle, shouldn't mean a diet as such, erm, so you, you could be
 28 advised after six weeks after giving mum and baby time to settle

29 **And if there was a service for people to access, what kind of service do you think would be most
 30 beneficial, we've been looking at maybe, erm, a group programme, a one-off session or one-to-one
 31 support, do you think there's a need for that, is there a gap in that service?**

32 I think, er, I like little group sessions, erm, so that you, you're with other new mums, erm, cos what
 33 they're going through, you've probably had a similar experience so it could actually be quite
 34 beneficial, er, and maybe some people might prefer a one-to-one but I think the group one, you
 35 would probably get a lot more because you can relate to other people

36 **And get support from each other. Then just moving onto the diet-side of things, erm, would you be
 37 able to explain what you believe to be a healthy diet?**

38 (Laughs)

39 **Remember, there's no right or wrongs to this.**

40 I guess, erm, just obviously eating your three meals per day and then having the healthy snacks, er, I
 41 think that's where I go wrong cos I end up skipping lots of meals and then have a big meal at the
 42 wrong time of day, erm, having plenty of like fruit and vegetables, having your five a days, erm,
 43 trying to include obviously your protein and your dairy products in that and sort of lower amounts of
 44 your fats and sugars.

45 **Erm, and are you aware of anything specifically around a healthy diet during pregnancy?**

46 No

47 **Were you ever given any information about it?**

48 No, I think, I think, erm, when they sort-of just say that 'have a healthy diet', I think you just assume
 49 you know what a one is, I think most people just carry on with what they're eating and stuff, so then
 50 you just carry on doing what you normally do.

- 1 **And I think a lot of times, people say that the focus is on what to avoid, rather than things that you**
 2 **should have.**
 3 Yeah
 4 **That tends to be the focus really**
 5 Yeah, tends to be eat whatever you want, just don't eat nuts and whatever it is at the time
 6 **Yeah (laughs) and can you tell me a bit about what your diet is like at the moment?**
 7 Er, I think it's, er, like I said, I think because I tend to skip a lot of meals during the day, I tend to eat a
 8 bigger portion at the end of the day, at the wrong times of the day and if I'm picking at things it
 9 might be things that we shouldn't be eating, erm, I don't think it's the healthiest at the moment
 10 **And what do you think is responsible for you eating that way, is there anything underpinning,**
 11 **anything underlying?**
 12 The thing with me is it's probably, er, time, and then I just, er, need to put some effort in to sort-of
 13 not... making myself sit down and eat at the right times and not get distracted by other things and
 14 put myself last.
 15 **But that's easy to do, a lot of people, like, in their roles, they kind of would say they would put**
 16 **children, partners and everyone else in the family before their own needs**
 17 Yeah, I think that's what I'm very guilty of.
 18 **But that's kind of seen as the role of the mum isn't it?**
 19 And that's it, exactly, but, erm, yeah, I think that I just need to be a bit more firm with myself and
 20 make myself sit down and, you know, sort-of stop doing another job or sorting this out or whatever
 21 **Is there anything else that could make it more likely do you think?**
 22 I don't think so, I don't know
 23 **So like you say, the main ones are maybe coming from yourself**
 24 Yeah, I think so, yeah
 25 **And has your diet changed much since before you had children?**
 26 Erm, (pause) no, no, I mean I've always cooked, erm, so I cooked before we got married and before
 27 we had our first, yeah, I think we did tend to eat similar kind of things, yeah
 28 **So you've not seen much of a change then?**
 29 No, my Mum and Dad are strict on things like takeaways so... (laughs), yeah they would be horrified
 30 if I had takeaways and things.
 31 **And how about during breastfeeding and weaning, did you see a change in your diet then at all?**
 32 Erm, just during breastfeeding, er, I actually just felt a lot thirstier than I would normally feel, erm,
 33 hunger wise, I don't think I felt that much difference, erm, not so much that I was aware of it, but
 34 definitely thirst.
 35 **And again were you aware of anything in terms of... a lot of people say things like the spicy food,**
 36 **they weren't able to have as much of that so that was a little bit of a change, while they were**
 37 **breastfeeding?**
 38 I think with the first, erm, because like I said to you, with breastfeeding you're, a lot of the time,
 39 clueless, you're always listening to other people and things and I remember people used to say 'don't
 40 eat spicy foods and things' so I took that on board but I found that she had colic and it made no
 41 difference whatsoever, she was meant to have colic and that was just a condition she was going to
 42 have, er, so soon after I decided to just carry on eating what I wanted to eat, after that with the
 43 second and third, like I say, you just follow your instincts and you know it's fine
 44 **And in terms of weaning, did you notice any difference there? Sometimes people say that they**
 45 **might eat a little bit more because they're finishing off things that are left-overs.**
 46 Left-overs. I think I'm always doing that, finishing left-overs cos they'll eat something and er... I think,
 47 what a waste, so you do end up just picking at their food and stuff, er, but you don't realise that's
 48 actually a bit of a meal.
 49 **And were there any changes that you wanted to make but you didn't feel able to for whatever**
 50 **reason during pregnancy?**
 51 Erm, (pause), no I don't think so

1 And again, were there any cultural influences?

2 Well, like, like, I think traditional Indian food, like what Mums and Granny's cook, they tend to be
3 quite oily and they tend to put a lot of likes ghee and things in, er, so probably, one thing, yeah, that
4 we have probably made a conscious effort of using a lot less, so, er, although they say it tastes
5 better, I don't necessarily think it does, but, yeah, they do, er, so if Mum and Dad came round to our
6 house, I think I would consciously put a little bit extra in, just to please them but, yeah

7 But you'd already made that change on your own?

8 Yeah, yeah

9 Cooking styles and things

10 That's it exactly, I think they use far too much.

11 And was there any pressure from family and friends to be having certain things in your diet?

12 No, erm, our generation, we tend to be a bit more conscious of these things, erm, but obviously, the
13 older generation, they see their ways as the better ways

**14 But you would feel able to still do those things you would like to do and have those things you
15 want to have?**

16 Yeah

17 There wouldn't be too much pressure so you have that support to make your own decisions?

18 I think they realise that they will do what they want to do and erm, yeah

**19 And then did you receive or did you look up yourself any information about diet at all during your
20 pregnancy?**

21 No, I didn't really concentrate on diet information when I was pregnant. Like you say, it was probably
22 mentioned but it was probably things that you avoided, you made sure you were aware of that

**23 And in terms of priorities where would you have put managing your diet during pregnancy and
24 after you'd had the baby?**

25 Erm, during pregnancy I don't think I would have put that as a priority at all, I don't think I ever
26 thought about it, erm, and afterwards cos after you've had the little one, they're just your priority
27 that it's whatever, you... you're world just revolves around them, so again in most cases like I've been
28 guilty, I just put myself last, I didn't really think about myself, erm, so... and, and I think with just
29 being so busy with the little one and the other children erm you really don't really think about it until
30 probably later on when you've got a bit more time on your hands (laughs)

31 So it's not a priority, other things take the priority?

32 Yeah

**33 And did you experience any problems during your pregnancy that affected your eating, any
34 morning sickness or going off certain foods?**

35 Yeah, the first three months, I always found that I put on a lot more weight than other people would
36 and that was because of the morning sickness, erm, so I would just feel like a constant taste in my
37 mouth that it'd make me sick, so, I'd literally eat... try to get rid of that taste and so I would always
38 have something in my mouth, some sweets or something to get rid of that taste, erm, so I would
39 spend the first three months, where people would look normal, (laughs) I would always look a bit
40 pregnant

**41 Again, people said that if there was something they could've had that they could just keep down,
42 they didn't really care what it was, they just wanted to keep something down**

43 Yeah, that's it, yeah, and it's that morning sickness that really influence you in that first three months

44 And then after that?

45 After that I'm not too bad, er, for the next few months I'm usually ok, erm, and the last three I did get
46 a little bit more hungrier, erm, and more... a bit more tired and that was about it.

47 And do you respond to those cues in your body by eating more when you felt hungry?

48 I think so

49 So would you say it was just more towards the end that you were eating that... noticeably more?

50 Ah, yeah, yeah, I think first few months I try to curb the morning sickness and in the last few months I
51 think... felt I was probably getting a little bit hungrier and would eat a lot... more

**1 And again, just in terms of the diet, if we were to do, erm, this programme to help people manage
2 their weight, do you think fitting that into there in terms of the group session would be the best
3 way forward?**

4 Yeah, definitely a group session, erm, yeah definitely, you know, with other mums and things, so you
5 can relate

**6 And are there any other things that you feel could have helped in terms of, from a diet point of
7 view?**

8 Er, I think, yeah, erm, you know when they say have a healthy diet, I'm sure most people don't
9 actually really know what that is (laughs), erm and especially portion sizes and things and whatever,
10 erm, so I definitely do think, er, people should be aware of what a healthy diet is cos, you... I think in
11 the back of your head you think what... you know what it is but then sometimes you think 'actually I
12 didn't' (laughs)

13 So do you think that should come more into when you first find out your pregnant?

14 Definitely, I think, er, when you first fall pregnant, erm, cos obviously maintaining a healthy lifestyle
15 would be great for you and the little one, erm, so it'd be great if you could properly put that into
16 practice during your pregnancy

**17 The other thing that some people have suggested is doing some kind of a cook book so that if
18 there was, erm, like traditional Asian recipes and foods that people are advised to have during
19 their pregnancy and then during breastfeeding but they would be adapted to, you know, make
20 them healthier, do you think that would be helpful?**

21 It would be helpful, but I think, erm, I think it would be helpful for people to sort-of measure the
22 amount, cos, I think with a lot of the Indian cooking, the way your taught Indian cooking is they don't
23 measure

24 There's no recipe is there?

25 It's just sort of a you put a bit of this, put a bit of that in and you sort of just cook like that, erm, so
26 like I say when I said we were making a conscious effort of reducing the amount of oils and things,
27 erm, I actually then starting measuring like a tablespoon or whatever and then you see just how
28 much, how many tablespoons you're using, so I think that's the biggest thing, er, as far as, you know,
29 spices and things are concerned it's not, they're not unhealthy, I think (laughs).

30 No, they're not

31 Erm, so, I think the main thing is the oil that goes into products. I just think we're just so used to
32 pouring it in, you don't actually realise how... how may tablespoons you're using, or whatever it is
33 you're using

**34 So by the sounds of it from what you're saying is that on one side, it's having that knowledge that
35 say in a tablespoon of oil there is 50 calories, a teaspoon of oil is 50 calories and a tablespoon is
36 like getting up to nearly two hundred, but then, just in that one little bit, but then on the flip side
37 of that, knowing how you can manage it, so the knowledge but the practical side as well, the
38 two...**

39 Yeah, yeah, that's it, I think, I think, erm, especially the older generation when they think that you're
40 going on a diet that you have to have no fat whatsoever, erm, so I think it's just because like I said,
41 we're just so used to just pouring things out, so if you know you can have that, I don't know, you can
42 have three tablespoons to make the whole curry or whatever it is then you know...

43 And you can taste it as well

44 Yeah, that difference, yeah

**45 So do you think that from a dietary point of view that it would be better to have say an Asian only
46 session so that you can look at those cultural things?**

47 Erm, probably, erm, because, erm, you know, obviously a lot of these groups that you have is, it's,
48 erm, Asian and Indian food is different to what English food would be so, erm, so the things that
49 would be spoke about, I mean, you wouldn't even use those recipes, you wouldn't be eating those
50 things, so, yeah, in some ways but I also like it when things are mixed, you know, I don't like it when
51 it's too segregated and things, so, but, yeah, I think if there was, you know, maybe a section to do

1 with the Indian cooking and maybe look at also some other types of cooking as well so that it's a bit
 2 more broad but, yeah, there should be more specific to Indian cooking
 3 **And just moving onto the physical activity side, are you aware of the recommendations for**
 4 **physical activity, in a general sense?**
 5 I think in my head I think it should be 3 times half an hour, I'm sure I'm wrong
 6 **Close. The recommendations that we use at the moment from the Department of Health are, er, 30**
 7 **minutes, 5 times a week**
 8 Ah right, 5 times (laughs)
 9 **Erm, yeah, so that's kind of in a general sense, but were you aware of anything during pregnancy**
 10 **as well and breastfeeding?**
 11 No, no, probably not at all
 12 **Had you come across anything from just yourself, from family and friends or anybody around**
 13 **exercise?**
 14 No, er, nothing during pregnancy and stuff, no
 15 **And how do you feel about physical activity at the moment?**
 16 Er, virtually zilch (laughs), as far as, er, exercising is concerned, erm, but I think my way is probably
 17 going to be, er, home DVDs, that's probably my... the best way that I'll be able to do anything in the
 18 Winter months and maybe in the Summer, or Springtime, start going for walks and maybe slight
 19 jogging and things, build it up, but in the Winter I think it might be but I can't go to a gym, cos I
 20 always need someone to look after (laughs)
 21 **But a lot of people say that and they find it works really well**
 22 Yeah, I think some... anything's better than nothing
 23 **Definitely, like you say, you're in the comfort of your own home,**
 24 Exactly, I can do it whenever
 25 **You can stop and start it as well**
 26 That's it, exactly, so...
 27 **And has that changed from before you had your children?**
 28 Yeah, yeah, I think before I had the children I was young eno..., I was lucky enough not to really need
 29 to think about exercising but I do think as you get older you do become more conscious of healthy
 30 eating and, er, exercising and things, cos you're more aware of, you know, the way lifestyles have
 31 changed compared to what it was before and you think you have to get that into your lifestyle
 32 **And do you think at the moment you've got the goal to lose weight, do you think that's kind of a**
 33 **motivator?**
 34 Definitely, now that I've got like a little plan in my head that I would like to be slimmer than what I
 35 am at the moment, it's something to aim for.
 36 **And just during your pregnancy, what were your activity levels like then, were you conscious of**
 37 **doing exercise or not doing exercise?**
 38 I think, er, I didn't do any exercise at all, er, I don't think, I wasn't aware of any... that there were
 39 exercises to do whilst you were pregnant or, er, in fact the older generation though, they say don't do
 40 any exercise while you're carrying the baby and stuff, erm, I'm sure the advice used to say just, 'if you
 41 used to exercise before you were pregnant, then you can carry on'
 42 **As long as you're body's used to it**
 43 Yeah, that's it, yeah
 44 **So there was some level of concern about doing some exercise, just from the harm to the baby**
 45 Yeah, that's it, yeah
 46 **And a few people have been given things like pelvic floor exercises and stuff like that, were you**
 47 **ever given anything like that?**
 48 No, unfortunately I wasn't. The first three I don't think I was given anything but the fourth one, erm,
 49 they did after I had ****, they did sort of tell me about pelvic floor exercises and that's when I
 50 actually heard about them. (Laughs)

1 It's a bit like, er now (both laugh). And did you have any intention to do any physical activity
2 during pregnancy?

3 *Erm, I think if it would have, er, helped me in being... not gaining as much weight then, yeah, erm, I*
 4 *don't think, erm, I actually think at the time that I needed to*

5 And what about during breastfeeding as well did you feel you wanted to or needed to do any?

6 *Again, I think that if I'd have thought that it would have helped, er, I probably would have, er, but I*
 7 *never really gave it much thought.*

8 And do think there's any barriers to being more active, is there anything that would stop you, from
9 being more active then and now?

10 *Erm, I think, erm, the barriers are things for being active is sometimes what you want to do is not*
 11 *always suitable for when you've got kids around, er, so I think that, that for me is my biggest barrier*
 12 *to find... to go somewhere or whatever and not to think about the children and stuff, so that's why*
 13 *gyms and stuff are not always suitable for me or sometimes with classes, cos my husband works late*
 14 *as well so it, you know, it's tryin' to fit in things around his timetables as well.*

15 And is there anything that would influence you to do more, like you said being aware of the
16 benefits?

17 *I think, erm, af... with having your children and they are coming, you know, sort of, the eldest one is*
 18 *eight, er, they are aware of healthy lifestyles and exercises and you make sure they are exercising,*
 19 *like they've got classes and they do things and whatever, erm, and I don't want them to look at mum*
 20 *and think 'you don't do anything' (laughs), so, erm, I think I am aware that I want them to look at me*
 21 *and think, er, yeah, 'we all have to have a healthy lifestyle' and...*

22 Like a role model

23 *That's it, yeah, like a role model, I don't want them to think that you have babies and then that's it*
 24 *(laughs)*

25 And sometimes there's, just a personal thing, sometimes that I find that it was seen that men
26 should be more active and ladies aren't, women tend to stay in and don't necessarily go to the
27 gym or go to a class or sport, it's more a different thing, but... and were there any cultural barriers
28 do you think to being more active?

29 *Erm, no I don't think so, erm, no, maybe, you know, in the past there may have been, erm, but not*
 30 *so... I don't think in our generation*

31 And are there any particular exercises that you enjoy, that you would prefer to do?

32 *I like aerobic kind-of exercises and I think if, erm, I could try to find a class, I would prefer that better*
 33 *than like one ? where I'm by myself, er, and I, I prefer classes*

34 Yeah, it's just like you say just in terms of managing what you can and you just kind of make those
35 kind of alterations and things don't ya. Erm, so we've said that you weren't given and information
36 or support about it, but did you do any research yourself about anything, in terms of...

37 *Weight?*

38 Weight, diet and physical activity

39 *No, er, no I didn't, I think you, er, just sort of concentrate on your little one, er, but I didn't really think*
 40 *much about it*

41 And did that change from having your first child, do you think you were more open to reading and
42 finding out...

43 *Yeah, I think with your first one you tend to read a lot more and more and, er, you're not sure what's*
 44 *going on so, you're always, you know, reading up on things or looking things up and whatever, but as*
 45 *you have these pregnancies and babies you tend to just follow your instincts and things*

46 Can I just ask as well what age you started to breastfeed... not breastfeed, wean the children?

47 *The children, it would be... with the first one I had, it was recommended at the time 4 months, er,*
 48 *when I had the second one, the recommendations changed to 6 months and then all of the others*
 49 *have been six months, which I actually prefer.*

50 You thought that worked out...

1 *It's a lot more better, cos I think at 4 months I struggled and I don't think it was until 5 months that I*
 2 *actually started to get into a bit of a routine with it, whereas at 6 months, it was a lot easier, and*
 3 *they went onto solid food a lot quicker and more easier, so...*
 4 ***And that's another thing that people have said, in terms of things that helped them, it's routine***
 5 ***and sometimes it's difficult isn't it when you breastfeed and then you start weaning, you've got to***
 6 ***kind of establish a new routine***
 7 *A new routine*
 8 ***But once you've got a new routine in place, that's more helpful***
 9 *It is, yeah*
 10 ***It makes sure you use your time better, would you say that as well?***
 11 *Oh absolutely, a routine always helps with managing time and things*
 12 ***So then just finally just thinking about, erm, improvements to services, is there anything else that***
 13 ***you think could be or should be on offer to support new mums around their weight, their diet or***
 14 ***their physical activity?***
 15 *Well I think, erm, I think everyone should be educated into what a healthy diet is whilst they're*
 16 *pregnant*
 17 ***And who do you think would be best placed to do that?***
 18 *Probably some Nutritionist, er, and I think that would, because like I said earlier on, I think we all*
 19 *think what a healthy diet is but we might not be quite right thinking what we think, erm, so I think*
 20 *that would help during pregnancy, erm, and then maybe focusing on what things you should be*
 21 *eating and, you know, how that would promote the health of the baby and yourself and stuff, erm, so*
 22 *I think that would help and then maybe after, a little, you know, maybe 6 weeks in, having like a*
 23 *programme for mums to come along and maybe help with their weight, cos I think, erm, in the past, I*
 24 *don't know if it's because of media pressure, people think that their hormones might... they put*
 25 *unnecessary pressure on themselves, I don't think weight is always discussed because, you know, you*
 26 *don't want to put pressure on a new mum who's got a little one to look after (laughs)*
 27 ***And it's a difficult conversation to have isn't it? If you start saying, 'so have you thought about***
 28 ***your weight', I know I would be thinking 'why, what are you trying to say!' (both laugh)***
 29 *Exactly, so I think, erm, you know, depending on what mum's like, you know, if she's obviously ok*
 30 *with the little one and they've got into a routine and maybe she might be, you know, clear headed*
 31 *to...*
 32 ***It's the right time***
 33 *Yeah, it's the right time to be thinking about herself, erm, so, yeah, maybe not necessarily at a*
 34 *certain time but just something available so that when you're ready*
 35 ***You can access***
 36 *Yeah*
 37 ***So just in terms of like the pregnancy side, do you think that maybe tagging it to like an antenatal***
 38 ***class, having it kind of incorporated into something like that would work or a stand-alone session***
 39 ***in a Children's Centre for people who can just drop-in?***
 40 *Is this for the pregnancy one?*
 41 ***Yeah***
 42 *Well I think I've you're going to the ante-natal appointments it would, er, you know, kill two...*
 43 ***Tie in***
 44 *Yeah, tie in and it'd... you'd see the two things, er, sort of related to each other*
 45 ***So do think that something like that could work?***
 46 *Yeah, it probably would with the ante-natal*
 47 ***And do you think there is a gap there? Do you think there is a lack of support for things like that?***
 48 *Well, erm, I don't think, I don't think there is anything out there, not that I was aware of, especially*
 49 *during pregnancy, I just don't think it's ever mentioned, people just say 'healthy diet and carry on...'*
 50 ***Get on with it (both laugh)***

1 'Just carry on with whatever you're eating and just avoid these few little things' and even that seems
 2 to change as well, er, cos I remember when I had **** compared to when I have **** things have
 3 changed again, erm, so every time it seems to change, so again keeping up-to-date with things
 4 **That's it. And is there anything else that we've not discussed that you wanted to mention at all?**
 5 Erm, I think that also, erm, you know, like how I mentioned about pelvic floor exercises and I wasn't
 6 aware of them until like the fourth one (laughs), I think, er, I would make people more aware of, er,
 7 exercises like the pelvic floor ones and also, erm... cos, after having the fourth one they actually, I
 8 did... I was actually sent to the Physio at the Hospital and they, you know, help you with your
 9 muscles, er, exercises that you can do to help your muscles in your tummy and I think that's
 10 important cos that would help, you know, work areas where you think you're muscles have taken a
 11 very big impact
 12 **Yeah, and that recovery as well**
 13 Yeah, so I definitely think Physio or whatever it's termed as, erm, I think that should be available for
 14 everyone
 15 **And then even maybe the Midwives and the Health Visitors have a role to play in promoting that,**
 16 **you know, if there was something available, cos they don't have the time...**
 17 It was actually, it was this time around, I don't know if the first, second and third time it was
 18 mentioned but it was actually the fourth time around that actually it was the Midwife that said 'your
 19 muscles are little bit lax or whatever and maybe we should consider Physio', so it was actually, it was
 20 then that she actually, erm, mentioned it, but I think it should be mentioned first time cos looking
 21 back at it if I had known... (laughs)
 22 **Then you could have...**
 23 Yeah
 24 **Brilliant! Well thank you so much for that**
 25 No, it's fine, it's given me a few things to think about.

- 1 **Erm, so it's participant 5C. Erm, so just to start off with, erm, would you be able to explain what**
 2 **you believe to be a healthy weight, in a general sense?**
 3 (Laughs) Well, erm, a healthy weight?
 4 **So if I said I wanted you to get to a healthy weight, what do you think I would be asking you to aim**
 5 **for?**
 6 Erm, to be in the range where I'm not... in the... you're asking me cos I'm losing weight at the
 7 moment as well so, to be in a healthy range, erm, so basically, so I'm not overweight, or I'm not
 8 obese, or I'm not underweight, so the range that...
 9 **On the BMI**
 10 On the BMI, yeah
 11 **Yeah, that's what you would be aiming for? Do you have any idea what that might be?**
 12 I think it's from... well I'm aiming for about, between, for about 10 stone, erm, cos I know that's in my
 13 range for my height, erm, I'd be happy with just under 10 stone would be great, but, erm, I think it's
 14 from 8 something and it goes to 10 something, is that right, for my height, I'm not convinced?
 15 **Yeah, you're alright, don't worry. And are you aware of anything specifically around pregnancy**
 16 **time, you know, around weight gain, what the recommendations are around that?**
 17 Two stone, that you should, you shouldn't, you should roughly gain about 2 stone, yeah
 18 **Yeah, and how are you feeling about your weight at the moment?**
 19 Erm, better that I was, erm, I've lost, I've lost 2 stone, 12 pounds
 20 **Brilliant!**
 21 Erm, but I wasn't happy cos, er, cos I was, er, very overweight and, you know, erm, I'm, I am happy
 22 where I am at, at the moment but I know I've still got a little, I've still got a bit to go.
 23 **Yeah, but you're happier than were you were?**
 24 Yeah, yeah
 25 **And what was your weight like before you had children?**
 26 Erm, I've always been overweight, yeah, but after having **** that's the heaviest I've ever been, er
 27 **And did you find there was a difference between the pregnancies, in terms of weight gain or**
 28 **weight loss?**
 29 The thing was cos I was, through all the pregnancies I was always so sick and I actually could still fit
 30 into my... when I first had my first child **** I, I still fitted into my old clothes, the weight gain came
 31 after I had them, that's when, that, it just piled on afterwards, erm, obviously I gained weight
 32 throughout the pregnancy but the worst bit was after I'd had them
 33 **What do you think caused that weight gain after?**
 34 Erm, I suppose it's just being at home and just (pause) boredom, grabbing something to eat, yeah,
 35 just always going for... my, my problem is chocolate, erm, I could keep eating it until it comes out of
 36 ears (laughs), erm, yeah, I think it's con... being at home and when you're preparing food for the kids,
 37 if they left, if it's left over you eat it, where, if you're bored, you eat it, and that's where it piles up
 38 **So did you notice a difference between each child or was it a similar pattern for you?**
 39 Erm, (pause) it was pretty similar, like I didn't, I, I actually lost weight after I had **** but then I
 40 found out I was pregnant so I just piled it all back on. All pretty similar patterns really.
 41 **So you gained a little bit over pregnancy and then you'd gain a little bit...**
 42 Yeah, I think the more, more, most I gained was when I had ****
 43 **The youngest**
 44 The youngest
 45 **So are there any reasons why you think that might have been?**
 46 Erm, (pause) I think it was just circumstance, I was always by myself or cos I was always doing things
 47 for the kids, it was, it was just working your mouth with whatever you could find, er, boredom really I
 48 think as well
 49 **And how were you during your pregnancy, did you gain much during that time?**
 50 I gained, I think it was just over 2 stone, yeah
 51 **And again was that the same with each?**

1 Yeah, erm, yeah, I think with the first one I didn't gain so much cos I could still get into my, er, my
 2 clothes and with my other two I think it was a bit more and then once it, I gained it and I got preg... I,
 3 I sort-of-like didn't lose so much, got pregnant again, so it just piled on really I think.
 4 **And that's it really, were they quite close?**
 5 Erm, ****'s 8, ****'s 3 and, erm, ****'s gonna be 2, so these two were quite close.
 6 **So did you manage to lose, you mentioned that you'd gained a little bit after the pregnancy, did**
 7 **you manage to lose that little bit as well?**
 8 I did, after I had ****, I lost, erm, (pause) I lost, er, what did I lose? I lost quite a bit, er, I think I lost
 9 about a stone and a half and then I found out I was pregnant, er, so I basically gained it all again
 10 **And was there anything that you think was helping that weight loss during that time?**
 11 I joined a slimming group and I was exercising, erm, (pause), erm, and I was the, erm, thinking about
 12 what I was eating, yeah, being healthy, trying to be healthy.
 13 **Were you able to breastfeed at all?**
 14 Breastfed all three yeah... still breastfeeding him
 15 **How long...**
 16 **** just before she turned three I stopped, erm, I breastfed **** the morning I was going in to have
 17 him and then straight, straight away I started breastfeeding ****
 18 **Wow, Super Mum! (laughs)**
 19 So, it was, it's constant breastfeeding for good knows... for a good couple of years, yeah
 20 **I bet you feel like that's all you're doing (laughs). Did you ever try to manage your weight before**
 21 **having your children?**
 22 Yes, I joined a, er, a slimming club and I, I exercised, I joined the gym, erm, yeah, I did, I did try, but, I
 23 think it... with, with me, if I'm unhappy then I go for the food
 24 **Yeah, that comforting eating**
 25 If I'm happy then I'm ok and I don't, I don't, I don't necessarily worry about food or what I'm gonna
 26 eat, if I'm, if, if I, my husband was always constantly working away, I was always by myself so it was
 27 comforting eating really
 28 **So that had a lot to do with it?**
 29 Yes, yes
 30 **And were there any cultural influences on your weight during your pregnancy or during early**
 31 **motherhood, like breastfeeding?**
 32 Erm, I think the, the food that... the food?
 33 **Yeah, I mean a lot of people have said some of the foods might have had an impact on their**
 34 **weight**
 35 Yeah, I suppose a little bit cos, er, with the first one more so cos I lived with my in-laws, erm, (pause)
 36 but I, I quite like eating with, quite healthy anyway but like I say my down fall is chocolate, if I could
 37 just eat chocolate, I would, er, and with cooking like with fried food and we don't really, I don't make
 38 it regularly or I'm not... you have it once and a while
 39 **Yeah, cos a few people have said that there were a few foods that they were advised to have while**
 40 **they were breastfeeding to produce good milk...**
 41 Oh, erm, I'll tell, it's an... it's, it's Asian women who think that you have to eat lots of ghee, lots of
 42 purified butter, to make sure you have lots of it, she used to make it for me and I used to just leave it
 43 to one side, cos it's very fattening (laughs), very fatty and they seem to think it you don't have it then
 44 you're not going to produce milk, you're not going to be alright and you're going to have problems
 45 later on which is not the case (laughs)
 46 **That's it, cos there's that element of it, isn't there? And did you have that pressure, cos**
 47 **sometimes...**
 48 I did feel pressure, and I did eat a little bit of it, and I did have to, I did have to cos obviously if she's
 49 stand, standing over you, you have to, erm, but I put my foot down more so, I think she, she sent
 50 some food in when I first had my first child ****, erm, and I'd had, erm, a, erm, a section, I was on a
 51 drip, I wasn't hungry obviously, you're, you're not hungry straight away are you, erm, and she sent

1 *this food in and I just sent it back and she thought 'she's not going to eat it, so...' then I got sent a*
 2 *nice salad sandwich instead (laughs), erm, cos they thought 'well this one's not gonna eat it if we...'*
 3 *(coughs), so I came to an arrangement with her, I'll have my salad sandwich as w, you know, and my*
 4 *salad and my, I'll have that food and then I'll have that one meal that she wants to make me, so we*
 5 *came to an arrangement (laughs)*
 6 ***But there was that little bit of pressure?***
 7 *There was pressure*
 8 ***Did you find that there was more pressure with the first?***
 9 *All three, all three*
 10 ***Cos sometimes people say with the first, cos they're a bit, they're not as sure about anything, it's a***
 11 ***new experience and things, that they're a bit more reluctant to, you know, give in necessarily with***
 12 ***what other people are suggesting to do***
 13 *There was pressure with all three really, all three, yeah*
 14 ***And was that just from your in-laws or...***
 15 *Yes*
 16 ***Mainly***
 17 *Yes, just in-laws*
 18 ***Was there anybody else influencing you at that time?***
 19 *Erm, (pause) with the third, with this one, my Mum was around so it was nice that my Mum was*
 20 *there as well cos she's quite easy going and she made, I was allowed to eat what I wanted to*
 21 *basically and, you know, she made me nice healthy food, not with all the butter and all the ghee and,*
 22 *erm, that's it really*
 23 ***And did you find that breastfeeding helped at all with your weight?***
 24 *Definitely, yeah, yeah, definitely*
 25 ***Was that a helpful thing, did you notice a difference with that?***
 26 *Yes*
 27 ***Were you ever given any information from Midwives or from family and friends around your***
 28 ***weight, did they give you any advice about what, how much to put on or how to lose it?***
 29 *The Midwife, yeah, definitely and I read some stuff on the internet. Also, when I was pregnant with*
 30 *****, er, the Midwife rang me and asked me if I'd be in the, er, they were doing a survey, like a*
 31 *programme that they did, erm, about, erm, I think it was all mothers who were overweight and*
 32 *pregnant, erm, and that really helped me, erm, that was like a, a programme, how many weeks was*
 33 *it? I can't remember, but, erm they gave us loads of information and they, erm, encouraged us to eat*
 34 *well and gave us ideas and that was good as well.*
 35 ***Were you concerned about your weight when you became pregnant again after your first, was it a***
 36 ***concern for future pregnancies?***
 37 *Yes, cos you're always worried, constantly, my mother-in-law's horrible, she thinks I'm overweight as*
 38 *it is anyway and then to put weight on and constantly being, it's like you're constantly in the, you*
 39 *know, in the spot light thinking 'oh' and even after I'd had the children, I had three sections, still*
 40 *making comments of 'oh, your stomachs still big', so that pressure was there as well, yeah*
 41 ***Do you think that maybe had an effect, having the C-sections as well?***
 42 *Definitely, definitely*
 43 ***Did you find that may be, it didn't go down as much?***
 44 *Yeah, it didn't go down and with c-sections you always get this little lump at the bottom which is*
 45 *hard to get rid of, yeah*
 46 ***Just because of the nature of what it is. Cos I've never really thought about that but I guess it***
 47 ***probably does have an effect as well, doesn't it? Er, and are there any, cos we have mentioned a***
 48 ***few of the barriers, like you say you love of chocolate, as something that maybe stops you***
 49 ***managing your weight, but is there anything that motivates you, any reason why you want to lose***
 50 ***weight?***

- 1 *Erm (pause) for the kids, I want to be healthy for the children, I want to run around with them and,*
 2 *there, there was a time when I was overweight and I used to be at my other house and just walking*
 3 *up the stairs was hard for me, erm, so yeah, I want to be healthier, I want to, you know, be able to*
 4 *run around with the kids*
 5 **So that would be your main motivator?**
 6 *Yeah, definitely*
 7 **And then just thinking about priorities, in terms of you as a Mum, during pregnancy, where would**
 8 **you have put weight in terms of priorities, from, if you imagine a scale of 0-10, where would you**
 9 **have put weight?**
 10 *While being a Mum, (pause), it was on the back-burner for a long time before I actually, er, it was my*
 11 *priority, it has been my priority more so over the last four, five, four months.*
 12 **And are there any reasons for that do you think?**
 13 *Erm, (pause) it's not like having time for myself I think, cos I'm so busy with the kids.*
 14 **A few people say that, that it's, they put everyone else before them**
 15 *I put everyone else before myself, yeah*
 16 **Yeah, they don't have time for themselves**
 17 *Yeah and, er, with the third one I stopped working, I'm not working, so I've got more time for myself*
 18 *as well, as well as, you know, having time for them*
 19 **And some people say as well that the time element is one thing but sometimes they feel like when**
 20 **they're breastfeeding, because there's that dependency that they haven't necessarily got the**
 21 **flexibility to just be able to do whatever they want when they want. Would you say that as well?**
 22 *Definitely*
 23 **That it's restricting**
 24 *Yeah, it, it, definitely, erm, even after I had this one, I joined the gym with my sister-in-law and, er,*
 25 *and it was, you know, you've got that 2 hour slot, precious 2 hours to get there and get back cos you*
 26 *know you're trying to have... yeah, but, yeah, it, it's hard but I think I've juggled it and I, I'm getting*
 27 *there, I think it's, er, I've got it down to a tee now.*
 28 **But that takes a bit of time**
 29 *Yeah, it does, yes, yeah*
 30 **And you mentioned when you were working, did you find a difference then?**
 31 *It was hard work, working, erm, cos with **** I went back full-time that was the hardest and then*
 32 *with **** I went back three days and then I was working two days a week and then it was just like, I*
 33 *may as well stop and look after them, erm, yeah, yeah*
 34 **Cos some people say it's a bitter sweet thing because in some ways work gives you a bit more of a**
 35 **routine and forces you into having that time management...**
 36 *Definitely*
 37 **Whereas sometimes maybe if you're not in work, it's easy to kind of lose that routine, which...**
 38 *Definitely*
 39 **Would you say that as well that there's kind of a...?**
 40 *Yeah, I love being at home, I love doing, you know, being there for them, erm, but it does take a bit of*
 41 *time to actually get it all, I've got it down to a tee now where every... I've, we've got... there is a*
 42 *routine in place which is perfect*
 43 **And do you think that helps?**
 44 *Yeah*
 45 **You need that structure?**
 46 *Definitely*
 47 **And then just in terms of support that was offered, you mentioned that had some support around**
 48 **your diet and your weight and things, I know sometimes that there is a gap and that it's not**
 49 **available for everyone, do you think something like that should be made available?**
 50 *Yeah, it definitely should be*
 51 **So you benefitted from that?**

- 1 *Because I think every woman no matter what worries about their weight, gaining weight, it's a big*
 2 *thing, big thing, I think every woman, erm, thinks about it, erm, yeah, definitely, it should be*
 3 *available for everybody, definitely*
 4 **And at what point do you think that's going to be the most useful?**
 5 *As in when you're pregnant?*
 6 **Yeah or when you've had the baby?**
 7 *I think during, definitely, and after, you need it after as well cos it's like, you've got this baby and*
 8 *you're like, still two stone heavier and you think 'like what do I do now', yeah*
 9 **And again a lot of people have said, erm, because a lot of the time the focus is on the baby, as it**
 10 **should be, you don't often put yourself first like we've said so sometimes it's quite good to have an**
 11 **opportunity to think 'this is for me' even though it's gonna benefit the child and it's for me as well**
 12 **and there's side to it as well.**
 13 *And having a section, there's not much you can do for the first three months and it's just, I think I*
 14 *found it hard with him as well because I, I must have picked something up and I think that the top*
 15 *layer of my... I had a slight nip, it split slightly, it just took longer to heal, erm, but, er, that doesn't*
 16 *help either when you've had, when you've had a section, it's harder to, it's harder to get yourself*
 17 *back into, erm, back into that routine and back into that, er, you know, trying to exercise and, yeah,*
 18 *no, definitely.*
 19 **So, that support you were given, was that with your first child?**
 20 *That was with this one, the third*
 21 **The youngest? Were you ever mentioned about anything when you were having your first?**
 22 *They just roughly told us how much weight you're going to gain, but nothing else, not other, there*
 23 *wasn't anything about, you know, no other real support or advice, it was just you know, 'go and do it*
 24 *yourself', sort-of-thing*
 25 **And do you wish that had been there with your first?**
 26 *Yeah definitely, yeah*
 27 **Cos it's one of those difficulties I suppose cos the more children you have, the evidence is that the**
 28 **more difficult it is but then you think if you knew it with the first one then you could maybe**
 29 **prevent it a bit more as you have more, but it's one of those things. And then just in terms of your**
 30 **diet, could you explain what you believe to be a healthy diet?**
 31 *(laughs)*
 32 **There's no right or wrong**
 33 *For me, it would just be giving up chocolate (laughs), erm, a healthy well-balanced diet, erm, I think*
 34 *with me it's, I do lots of small meals throughout the day, high in protein, erm, fruits, vegetables, lots*
 35 *of lentils cos I'm a vegetarian as well, erm, low fat, low sugar, low salt, yeah*
 36 **That kind of thing, yeah, and where you aware of anything specific during pregnancy around diet?**
 37 *Erm, not too much sugar, it was very basic, yeah, not too much sugar, er, but mainly just eat what*
 38 *you wanna eat*
 39 **And who was it who gave you that information, the Midwife, or... ?**
 40 *Erm, was it the Midwife, I think they, they, they were just like just don't eat too much sugary food, er,*
 41 *but basically just eat what you want, enjoy it, erm, which is not a bad thing to say either, erm, I think*
 42 *it's you've got to think about what you're eating, what you're... It's like some women (laughs), I know*
 43 *somebody who, she, she rents my other house and all she ate throughout the pregnancy, and she had*
 44 *the child last week, was McDonalds and she was a size 8 and she went up to a size 18-20. That's too*
 45 *much isn't it?*
 46 **Yeah**
 47 *That's way too much, but whereas her friend is due next, next, sorry end of this month, actually went*
 48 *to Slimming World while she's pregnant and she must've just gained, gradually gained, er, a little bit*
 49 *of weight but enough for her to... so she's not being unhealthy and she's eating the right food and so,*
 50 *just having that advice I think would have helped me, cos it's hard and she's had a section so she's*

1 got to wait so many months before she can start exercising. So from going from a size 8 to a like 18 is
 2 a big difference
 3 **Yeah, you'll notice that**
 4 A big difference
 5 **And what was your diet like during your pregnancies, did it change much?**
 6 The worst thing was, the first time, second time I was really sick, third time sick but not as bad, erm, I
 7 just ate what I felt like eating cos I didn't like the taste of much, there wasn't much that, that I
 8 actually enjoyed, so if I like the taste of something I ate it
 9 **And that's the priority isn't it?**
 10 I did worry about, er, what I was eating. I couldn't eat chocolate, I didn't like the taste of it, I didn't
 11 like the taste of chips so whatever I liked the taste of I ate basically
 12 **And that becomes the important thing doesn't it because you're struggling?**
 13 I didn't worry about 'oh God is it high in this or is it high in that', I just ate it
 14 **So in terms of priorities, it's quite low?**
 15 While I was pregnant it was cos I was just... if I had been, erm, fine and I, I liked the taste of things
 16 and I wasn't being sick then I think I would have thought about it a bit more
 17 **And did that last all the pregnancy?**
 18 All the way through, with the first one I was sick even the day I had her, before I went in, with him I
 19 was sick while I was having him and this one, erm, better, it's like third time it's like you can control
 20 it, you know when it's gonna happen, it's really strange, erm, it lasted... I was sick with him but it was
 21 less, it was, erm, once, if I'd eaten certain foods as well it, it... so it was more controlled with him.
 22 **And did that change from before you had your children, has your diet changed much from before,**
 23 **to now?**
 24 Yeah, yes, I'm much healthier now, I think about what I'm eating, I think about what's in it, I think
 25 about the fat in it, the salt, the sugar, I think about everything now
 26 **What do you think has brought about that change?**
 27 I think it was just I knew I had to do something about it, erm, I start... I first started cos I needed a
 28 kick start, I joined this Cambridge diet and I, I did that for a couple of weeks and now I've introduced
 29 food now so I'm thinking about what I'm eating, erm, yeah, I think, er, you look at yourself and you
 30 think, 'I need to do something about this because nobody else is gonna do it, only I can change it,
 31 only I can do it', erm, and you do it for yourself and it was great cos last week it was my birthday and
 32 I, I said for my birthday I have to fit into a size 14 and I did and I thought, 'right!'
 33 **Brilliant, and it's such a good feeling then as well**
 34 It was the most amazing feeling ever and the funny thing is I kept, I kept these trousers and then
 35 these designer pair of trousers which I've had for like 11 years, which I wore before I met my
 36 husband, and I kept them and I said to him 'one day I'm gonna fit back into those' and I put them on
 37 last week and they fitted
 38 **That's such a good feeling**
 39 Definitely, and now...
 40 **It's just such a boost**
 41 Definitely, definitely, I think now I'm aiming for the 12, for me to get, I need to, that's my next, next,
 42 one step at a time I think, definitely
 43 **So what are the main challenges to having a healthy diet do you think for you, what might get in**
 44 **the way?**
 45 The kids
 46 **The kids**
 47 The kids and when you're preparing their food or, they, they eat quite healthy, I think it's just don't
 48 pick at their food and don't eat their leftovers, don't, erm, obviously if you're preparing healthy meals
 49 for them everybody's eating the same, basically.
 50 **And did you feel that change from you know when you were saying you were breastfeeding your**
 51 **first one where you weren't necessarily preparing their food, has that changed?**

1 *Definitely, it's better to prepare your own food (laughs) unless my Mum was here, my Mum was,*
 2 *she's, she's very good like that, she made me healthy food without all that rubbish*
 3 **And are there any motivators to having a healthy diet?**
 4 *Erm, yeah, because when you see the change and when you see the difference, it's such a, a mega*
 5 *boost, yeah, erm, when you can fit into something that you haven't... you know the size that you, you*
 6 *can, I haven't been that size in like 10-11 years, so, definitely it's a big boost*
 7 **So that's the biggest motivator, so you're seeing the differences**
 8 *Yeah definitely, seeing the difference, for me, yeah, yeah*
 9 **Were there any cultural foods that we haven't mentioned already, anything specific that you were**
 10 **advised to have?**
 11 *By my in-laws?*
 12 **Or by anybody, yeah**
 13 *Culturally, you eat lots of purified butter, cos that gives you strength apparently, erm, yeah, didn't*
 14 *take it on board at all*
 15 **It's just you're aware that maybe it's a bit of a myth?**
 16 *Yes, the thing is they don't get it, when you say to them how do you think all these other ladies do it,*
 17 *erm, who don't have to eat all of this, 'oh, well, they, you know, they have other things in their diet*
 18 *which help them' but they don't, and nothing you can say makes you right over them so you've just*
 19 *got to say 'ok', once you've made it, I just didn't eat it, I just left it.*
 20 **And a lot of people say it's just that different generation, things were different**
 21 *It's a big difference*
 22 **Like the climate and things**
 23 *They have got a total different way of thinking, they just think they're right, they think they're*
 24 *Doctors, they think they're lawyers, they think they're everything and they know better than anybody*
 25 *else and you can't win, so you've just got to say 'ok' and, er, when it came and she left me to it, it just*
 26 *got put, and then my husband was around to make me other food, so that was fine*
 27 **So even though there was an element of pressure there you were able to...**
 28 *Yeah, cos after having the children you're not all... actually allowed to go in the kitchen for the first*
 29 *15 days, so you have to be waited on hand and foot basically for 15 days, erm, they bring you you're*
 30 *food and you don't, you don't, the only person, the only thing that you do is look after the baby and*
 31 *feed the baby and then after 15 days you can go in the kitchen and start preparing your own food*
 32 *and doing... so I think that's the hardest thing, cos you know 'oh my God somebody is going to bring*
 33 *me this food and it's not going to be something that I want, really want to eat', but I had my sister-in-*
 34 *law and I had my Mum and they, they were good to me and they brought me food that I wanted to*
 35 *eat*
 36 **So was there any other advice that you got from anywhere else around diet during your pregnancy**
 37 **or breastfeeding or any other time?**
 38 *Erm, just what I read in the magazines and what er, er...*
 39 **So like your own research?**
 40 *Yeah my own research and what the... yeah, yeah, and obviously at the hospital they're, once you've*
 41 *had the baby, they're quite good, and they, yeah, they encourage you there as well*
 42 **So they influence maybe some of those changes as well**
 43 *With the first one she was so hard to latch her on, it took me... I was in there for about 6, 5 or 6 days*
 44 *and it was just... she was only latching on and it was so to the, to the, to the nipple, she wasn't*
 45 *latching on properly and it was really hard but they, they were really good with me and they sort-of-*
 46 *like said come on keep persevering you can do it and, er, er, sorry, the, the Health Visitor who came*
 47 *round after was brilliant, advising me, helping me with everything, brilliant, really, really, erm, with*
 48 *all three, definitely and, er, so, yeah, the help and advice I got with her with breastfeeding, with diet,*
 49 *with everything, erm, I got quite depressed with the first one and she helped, she did, I have just*
 50 *remembered, yeah, she, she really helped me, erm, she was really lovely*
 51 **Yeah, it's great to have that support though isn't it?**

1 *Definitely, and she came round to make sure I was ok, cos she knew I was living at the other house*
 2 *and she came to check on me regularly and, yeah, definitely*
 3 ***And, finally, just around the physical activity side, are you aware of the recommendations for***
 4 ***physical activity in a general sense?***
 5 *Erm, (pause) I don't know the recommended, but I generally do, erm, about three times per week I*
 6 *try to exercise, erm, er, I have stopped the gym at the moment, erm, but I, I try to take the kids out*
 7 *for a walk and I get on my machine, yeah*
 8 ***And were you aware of anything specific during pregnancy?***
 9 *Erm, (pause) during pregnancy I, erm, would just, they, they said just walk, walking is very good for*
 10 *you, so I just used to just do a lot of walking when I was pregnant, erm, er, but nothing else really, I*
 11 *don't think they... I can't remember, I can't think of anything more than that, just lost of walking*
 12 ***And what's your physical activity like at the moment, you mentioned the gym?***
 13 *At the moment, I have actually stopped the gym cos I've got the machine at home, erm, I do, I get on*
 14 *about, it's about 3, 3-4 times per week, it's like fitting it in while he's having a nap or while he's at*
 15 *school or it's fitting it in around the kids*
 16 ***But that's where it's good to have it in the home isn't it, and then you've not got that...***
 17 *Yeah, definitely, yeah because I don't, I don't have to go out to the gym so it's easier to do it in front*
 18 *of the T.V. I know a lot of people say having it in the house it's harder to do, erm, but, yeah, you just*
 19 *have to get that motivation and say right look I've got an hour to myself, get on there and do it,*
 20 *definitely*
 21 ***And has that changed since before you had children?***
 22 *Definitely, cos I never used to, I used to sit in my room bored, you know, yeah*
 23 ***So what do you think has led to that motivation?***
 24 *Erm, (pause) it's like when you see yourself and what you used to look like and how you, it's the way*
 25 *you feel, definitely*
 26 ***So there's benefits there in terms of how you feel and is losing weight a big motivator?***
 27 *It is a big motivator, for me it's such a big thing cos, er, er, being overweight and then getting*
 28 *pregnant and being severely overweight, er, so for me it's a big, big thing, definitely, and always*
 29 *constantly having that, cos the mother-in-law is not very helpful, having that eye on you it's just like*
 30 *a bit... but I'm doing it for myself as well, I'm not doing it for anybody else*
 31 ***It's that motivation as well isn't it?***
 32 *Definitely*
 33 ***Er, were you at all worried about exercising during your pregnancy?***
 34 *Erm, no, I, I forgot to mention, I did used to go swimming as well when I was pregnant, er, worried in*
 35 *a sense that I didn't want to over-do it so I didn't over, I didn't over-exercise, I didn't ever get onto*
 36 *machines or doing things like that, erm, walking and swimming were the only things, yeah*
 37 ***And were you ever advised about that, about doing more or doing less by anybody?***
 38 *(Pause) Erm*
 39 ***Cos sometimes there's this fear isn't there about doing it, people are worried when...***
 40 *Yeah, a lot, there is, people do worry that you shouldn't really be over-doing it cos the first, when you*
 41 *first find out your pregnant, you, you don't do a lot of lifting and you don't, you don't... er, so I think*
 42 *that stays in your head, that, erm*
 43 ***You take it a bit easy***
 44 *Yeah, you take it a bit easy, and then, and then towards the end of the pregnancy, you start nesting*
 45 *so it's like 'I need to do this' and then you start having a big clean out, erm, and the you think 'oh my*
 46 *God, I'm knackered' (both laugh), erm, yeah, not, not really, nobody really said, I think they were just*
 47 *like just don't over exert yourself, do do gentle exercise*
 48 ***And were you ever told about pelvic floor exercises?***
 49 *Yes, yes, erm, and I was shown how to do those and also with the group with him, er, they had*
 50 *somebody come in and, er, we used to sit on the ball and she, she used to show us, we used to have*
 51 *literally like class with her to show us how to do it, so, yeah, definitely, that was really helpful.*

1 **So was that throughout all the pregnancies that you were told about that?**
2 *Erm, from the first one yes, yeah, we were, yeah, erm, erm, and we used to practice those but with*
3 *him I think it was more fun cos we were in a group and we used to do it together and we used to...*
4 **You can have a bit of a giggle**
5 *Yeah, yeah*
6 **And how were you, you mentioned with you having the section, in terms of getting back on your**
7 **feet and getting back into doing things, did that take a little bit longer do you think?**
8 *It did, it did, erm, first time, yeah, I think, with **** it took me a couple of months, same with him,*
9 *but like I got an infection with him and same with him and then I had a little split, so he was, it took*
10 *the longest, it didn't heal, probably healed properly fully at, er, after about 9 months, erm, er, so then*
11 *I thought 'ok, I'm alright now, I can start'*
12 **And again, do you think that had an effect on your weight, the fact that you were limited?**
13 *Yeah, definitely, yeah, cos I couldn't do anything, erm, definitely, yeah*
14 **And were there any cultural influences in terms of physical activity, in terms of what you were able**
15 **to do?**
16 *Er, (pause) no*
17 **And are there any barriers do you think to being more active, anything that stops you?**
18 *Erm, (pause), I never used to drive, I only passed my test last February, now it's just, it feels like I'm*
19 *free, I can just jump in the car...*
20 **And go wherever you want, when you want**
21 *Just a simple task like going down to the local shop or, you know, it's, driving to the gym, it's like, so*
22 *not being able to drive for so many years I think didn't help me either*
23 **That's a challenge**
24 *Definitely*
25 **And is there anything else do you think that stops you?**
26 *Erm, (pause) I think, er, (pause) I think when I first started the gym with my first one actually, before I*
27 *got pregnant with my first child, it was, er, mother-in-law, in-laws are quite backwards, going to the*
28 *gym and going out and even wearing Westernised clothes was a big challenge so for them to accept*
29 *'oh she's exercising', cos I used to play netball, I still play netball, erm, so even just going to a netball*
30 *match was, it was, you had to hear it when you get back in, so like that, there was pressure, it was*
31 *very challenging, erm, now I wouldn't give her.. I'd just think...*
32 **Good for you for doing it though**
33 *I'm sorry, she gets, yeah, that side but when you, when I first got... I, I was very timid, I was very shy, I*
34 *was very... I wouldn't have said 'boo' but now I wouldn't stand for anything and being by my... my*
35 *husband used to work away a lot, so it was hard, it was hard, erm, culturally, and then my families*
36 *very, erm... in Lon, all my family are in London, so we're very, er, open and if you want to have a*
37 *drink, you have a drink, you know, whereas my in-laws are, you wouldn't dare even have something*
38 *in the house or you wouldn't eat certain foods in the house, it's very backwards, they're more open-*
39 *minded now so that the others, that my husbands' brother's got married and, erm, but before I used*
40 *to have to come home from work and put a Sari on just to cook and clean, so, erm, it was hard and,*
41 *you know, putting a pair of joggers on or putting my netball kit on, I used to get glared at, so that*
42 *was hard as well, there was that pressure that when you're... why's she going there, why's she doing*
43 *that, why's she playing netball, why's she... everything was why, why, why, why, why, why*
44 **I have spoken to a lot of people and they have said, erm, they almost feel like they're able to speak**
45 **out and they can speak out but there is that pressure and they do feel sometimes that they're a bit**
46 **like the black-sheep of the family, that they're the only ones who wanna...**
47 *Yes, yeah, yeah, yeah, and they didn't, they didn't like it but now it's just like well...*
48 **You just get on with it...**
49 *Yeah, no, she wouldn't dare say 'boo' to me now, no*
50 **That's good**
51 *Definitely*

1 ***That you're not feeling as restricted now***
2 *Yeah, because it's horrible, no, no*
3 ***And then just from your point of view, do you think there's any improvements that could be made***
4 ***to services that, you know, support new Mums around their weight, their diet or exercise?***
5 *I think like we've said, I think more advice while they're pregnant, definitely, sending women to like*
6 *these groups, even if they're not overweight, just giving them that and, it, it's socially, it, like some*
7 *women get quite lonely as well so socially it's good for them, also meeting other mothers,*
8 *exchanging ideas, exchanging thoughts and experiences, having a cup of tea and just a chat about,*
9 *er, helps, you know, definitely, and even afterwards having groups available for those who want to*
10 *go and get help with weight loss, yeah definitely*
11 ***Cos I think as well, erm, some people have said that as their children get older they start realising***
12 ***how much of a role model they are and then they start questioning themselves so, like you say, if***
13 ***you can get that information earlier on, whether you're overweight or not, it will still play a part***
14 ***further down the line won't it, so it will come in handy.***
15 *Cos I think all women who've had, er, a child, majority of women need help with their weight, in the*
16 *sense that, a little bit of advice if they want it, then it should be available for them. That would have*
17 *helped me definitely.*
18 ***Brilliant, so you would have benefitted from something like that?***
19 *Yeah*
20 ***So do you think there is a gap there at the moment, that there isn't that service available? Cos that***
21 ***was something we were hoping to do and then another suggestion that somebody made was,***
22 ***erm, maybe a cookbook of some kind that if people were, if it was suggested that they have***
23 ***certain foods, erm, culturally, that they can still have them but there's a cookbook that shows how***
24 ***you can make them healthier***
25 *Yeah, without like putting the five cups of butter in, like a little bit*
26 ***Yeah, where they still taste similar but it's a little bit healthier. Do you think that would benefit***
27 ***some people as well?***
28 *Yeah, that's a good idea, that's a good idea as well, erm, yeah, cos it's hard getting round these old*
29 *women who think that, you know, it's got to be that way and that's it*
30 ***And then is there anything else that we haven't mentioned that you wanted to mention?***
31 *(Pause) No*
32 ***Brilliant, thank you very much.***
33
34
35 During a discussion after the interview had finished the patient mentioned that she had a fennel
36 drink during breastfeeding to cleanse and detox the system. It was also reported that during the first
37 pregnancy there is much more worry compared to subsequent pregnancies.